

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000007401

**Entity Name:** MIAMI COMMUNITY CHARTER HIGH SCHOOL, INC.**Current Principal Place of Business:**18720 SW 352 ST  
FLORIDA CITY, FL 33034**Current Mailing Address:**PO BOX 881237  
PORT SAINT LUCIE, FL 34988**FEI Number:** 32-0258898**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOTZ, MARK H  
154 NW MAGNOLIA LAKES BLVD.  
PORT SAINT LUCIE, FL 34986 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	S/T
Name	TORRES, ANA R
Address	18720 SW 352 ST
City-State-Zip:	FLORIDA CITY FL 33034

Title	DIRECTOR
Name	LINARES, DULCE
Address	849 SW 7TH TERRACE
City-State-Zip:	FLORIDA CITY FL 33034

Title	DIRECTOR
Name	SANTANA, LAZARO
Address	18720 SW 352 ST
City-State-Zip:	FLORIDA CITY FL 33034

Title	DIRECTOR
Name	ROLLE, LEVERN
Address	18720 SW 352 ST
City-State-Zip:	FLORIDA CITY FL 33034

Title	DIRECTOR
Name	JORDAN, CELESTE
Address	18720 SW 352 ST
City-State-Zip:	FLORIDA CITY FL 33034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANA TORRES

S/T

02/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date