

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000825

Entity Name: CITY OF BELLE ISLE CHARTER SCHOOLS, INC.

Current Principal Place of Business:

1600 NELA AVENUE
BELLE ISLE, FL 32809

Current Mailing Address:

6340 SUNSET DRIVE
MIAMI, FL 33143 US

FEI Number: 27-2154495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1947 LEE ROAD
WINTER PARK, FL 32789 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: CARINA L DUNLAP, ASST VICE PRESIDENT

04/23/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIRMAN
Name BROOKS, WILLIAM G
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR
Name ADY, LARRY I
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR, SECRETARY
Name VAN DYKE, KEITH DR.
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR
Name PISANO, LYDIA
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR
Name TORRES, AL DR.
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR
Name SHUCK, KARL
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR, TREASURER
Name COLPITTS, CHERYL
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR, VC
Name LANDT, CAROLINE
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809

Continues on page 2

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: WILLIAM G BROOKS

P

04/23/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VYAS, SHARON DR.
Address 1600 NELA AVENUE
City-State-Zip: BELLE ISLE FL 32809