

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000825

Entity Name: CITY OF BELLE ISLE CHARTER SCHOOLS, INC.**Current Principal Place of Business:**5903 RANDOLPH AVE
ORLANDO, 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:**OWENS, GAYLE A
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PDC
Name BROOKS, WILLIAM G
Address 1600 NELA AVE
City-State-Zip: BELLE ISLE FL 32089

Title DIRECTOR
Name VAN DYKE, KEITH DR.
Address 5903 RANDOLPH AVE
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name SPAULDING, ERIC
Address 5903 RANDOLPH AVE
City-State-Zip: ORLANDO FL 32809

Title DIRECTOR
Name SHUCK, KARL
Address 5903 RANDOLPH AVE
City-State-Zip: ORLANDO FL 32809

Title VPD
Name ADY, LARRY I
Address 1600 NELA AVE
City-State-Zip: BELLE ISLE FL 32089

Title DIRECTOR
Name PISANO, LYDIA
Address 5903 RANDOLPH AVE
City-State-Zip: ORLANDO FL 32809

Title D
Name TORRES, AL DR.
Address 5903 RANDOLPH AVE
City-State-Zip: ORLANDO FL 32809

Title D
Name TORRES, AL DR.
Address 5903 RANDOLPH AVE
City-State-Zip: ORLANDO FL 32809

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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 BROOKS

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04/15/2014

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------|
| Title | DIRECTOR |
| Name | SHUCK, KARL |
| Address | 5903 RANDOLPH AVE |
| City-State-Zip: | ORLANDO FL 32809 |