

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N10000000825

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

**Current Principal Place of Business:**

5903 RANDOLPH 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

07/31/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIRMAN  
Name BROOKS, WILLIAM G  
Address 5903 RANDOLPH AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR  
Name ADY, MARC  
Address 5903 RANDOLPH AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR, TREASURER  
Name COLPITTS, CHERYL  
Address 5903 RANDOLPH AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR, VC  
Name LANDT, CAROLINE  
Address 5903 RANDOLPH AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR  
Name VYAS, SHARON DR.  
Address 5903 RANDOLPH AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title NON-VOTING MEMBER  
Name FOURAKER, NICHOLAS  
Address 5903 RANDOLPH AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title SECRETARY, DIRECTOR  
Name VAN DYKE, KEITH DR.  
Address 5903 RANDOLPH AVENUE  
City-State-Zip: BELLE ISLE FL 32809

Title DIRECTOR  
Name CROSS, CHARLYNE  
Address 5903 RANDOLPH 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

CHAIR

07/31/2019

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	ARMSTEAD, RALPH
Address	5903 RANDOLPH AVENUE
City-State-Zip:	BELLE ISLE FL 32809