

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712256

FILED
Jul 03, 2006
Secretary of State

Entity Name: RANSOM-EVERGLADES SCHOOL, INC.

Current Principal Place of Business:

3575 MAIN HIGHWAY
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

3575 MAIN HIGHWAY
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-0659070 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TORILLI, SAM RA
RANSOM EVERGLADES SCHOOL
3575 MAIN HIGHWAY
MIAMI, FL 33133 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

OFFICERS AND DIRECTORS:

Title: CTR () Delete
Name: LAMPEN, RICHARD
Address: 350 COSTA BRAVA CT.
City-St-Zip: MIAMI, FL 33143

Title: STR () Delete
Name: MOSS, SUZY
Address: 621 DESTACADA AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: TTR () Delete
Name: ZOHNN, FRANK
Address: 9899 FAIRCHILD WAY
City-St-Zip: CORAL GABLES, FL 33156

Title: VCTR () Delete
Name: DE LA CRUZ, CARLOS JR.
Address: 460 S. MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P () Delete
Name: MOCERI, ELLEN
Address: 1990 TIGERTAIL AVENUE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CTR (X) Change () Addition
Name: DE LA CRUZ, CARLOS JR.
Address: 460 S. MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: STR (X) Change () Addition
Name: HIRSCHL, DEBRA
Address: 3231 CALUSA STREET
City-St-Zip: COCONUT GROVE, FL 33133

Title: TTR (X) Change () Addition
Name: KISLAK, JONATHAN
Address: 3570 BATTERSEA ROAD
City-St-Zip: COCONUT GROVE, FL 33133

Title: VCTR (X) Change () Addition
Name: HOLLY, WILLIAM
Address: 724 ALHAMBRA CIRCLE
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ELLEN MOCERI

P

07/03/2006

Electronic Signature of Signing Officer or Director

Date