

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712256

FILED  
Jul 09, 2009  
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:**

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

**Name and Address of New Registered Agent:**

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: DE LA CRUZ, CARLOS JR.  
Address: 460 S. MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

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

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: HOLLY, WILLIAM  
Address: 724 ALHAMBRA CIRCLE  
City-St-Zip: CORAL GABLES, FL 33134

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

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

Title: VCTR (X) Change ( ) Addition  
Name: ROBERTS, JEFFREY  
Address: 6105 GRANADA BLVD  
City-St-Zip: CORAL GABLES, FL 33146

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

I hereby certify that the information supplied with this filing does not qualify 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

07/09/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date