## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Jan 26, 2005 8:00 am Secretary of State

1. Entity Name ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.				01-26-2005 90032 008 ****70.00	)
Principal Plac 18001 NW 2 MIAMI, FL 3		Mailing Address 18001 NW 22 A MIAMI, FL 3305		50007179	9
2. Principal P	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, et	c.	01122005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number Applier	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required	plicable
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Registered Agent	
-1-188+18VI	NG=	للللللاء والافالات	Name	والمنياة والمستنب بالأراء الماستنية المستنبة المستنبة المستنبة المستنبة المستنبة المستنبة ويساف والم	, 24
18001 NW MIAMI, FL	22 AVE		Street	Street Address (P.O. Box Number is Not Acceptable)	
141,5 3,511, 1 C				•	
			City	FL Zip Code	
8. The above the obligat	e named entity submits this statementions of registered agent.  Signature, typed or printed name of registered ag			or registered agent, or both, in the State of Florida. I am familiar with, and	accept
Due by May 1, 2005 Trust Fun					
	<del>-</del>		on Campaign Financing Fund Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10.	Due by May 1, 2005  OFFICERS AND	DIRECTORS	Fund Contribution.	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
10. TITLE NAME	Due by May 1, 2005	Trust	Fund Contribution.	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change	Addition
TITLE NAME STREET ADDRESS	OFFICERS AND SD ALLISON, SARAH DR. 1881N.E. 164 ST.	DIRECTORS Delet	Fund Contribution.  11.  Title NAME STREET ADDRESS	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  Change R	
TITLE NAME	OFFICERS AND SD ALLISON, SARAH DR.	DIRECTORS Delet	Fund Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  D. Change R  AURITHM S. RUBE  20400 N.E. 30 AUR.  AURITHM S. RUBE  Change R  Change R	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND SD ALLISON, SARAH DR. 1881N.E. 164 ST. NORTH MIAMI BEACH, FL 3: TD LISS, IRVING	Trust DIRECTORS Delet	Fund Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  D. Change MIRIAM S. RUBE  20400 N.E. 30 AVE,  AVENTURA, PL 33180  DOUGLAS LAURIE (DR)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND SD ALLISON, SARAH DR. 1881N.E. 164 ST. NORTH MIAMI BEACH, FL 3:	Trust DIRECTORS Delet	Fund Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Added to Fees Florida Department of State  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  DIRIAM S. RUBE  20400 N.E. 30 AVE,  AVENTURA, PL 33 180  DOUGLAS LAURIE (DR)  12200 W. BROWARD BLUD	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND SD ALLISON, SARAH DR. 1881N.E. 164 ST. NORTH MIAMI BEACH, FL 3: TD LISS, IRVING 18001 NW 22 AVENUE OPA LOCKA, FL 33056 VP	Trust DIRECTORS Delet	Fund Contribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees   Florida Department of State    ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10    DIRIGIAM S. RUBE   Change   C	Addition
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Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR