
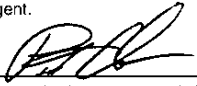



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90005 042 ****61.25

DOCUMENT # 720773			
1. Entity Name ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.			
Principal Place of Business 18001 NW 22 AVE MIAMI, FL 33056 US		Mailing Address 18001 NW 22 AVE MIAMI, FL 33056 US	
2. Principal Place of Business 1001 WEST CYPRESS CREEK RD. Suite, Apt. #, etc. SUITE 320C		3. Mailing Address 6800 NERVIA ST Suite, Apt. #, etc.	
City & State FT. LAUDERDALE FL		City & State CORAL GABLES FL	
Zip 33309	Country USA	Zip 33146	Country USA
6. Name and Address of Current Registered Agent LISS, IRVING 18001 NW 22 AVE MIAMI, FL 33056		7. Name and Address of New Registered Agent Name PETER COHEN Street Address (P.O. Box Number is Not Acceptable) 6800 NERVIA ST. City CORAL GABLES FL Zip Code 33146	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  PETER COHEN		DATE 3/1/06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLISON, SARAH DR. 1881N.E. 164 ST. NORTH MIAMI BEACH, FL 33162 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LISS, IRVING 18001 NW 22 AVENUE OPA LOCKA, FL 33056 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COHEN, PETER 6800 NERVIA ST. CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUNA, CHARALINE DR. 650 EAST AIRPORT BLVD. SANFORD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP VD LUNA, CHARALINE 650 EAST AIRPORT BLVD SANFORD, FL 32773 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REPENSEK, CAROLE 10770 S.W. 84 STREET MIAMI, FL 33173 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REPENSEK, CAROLE 10770 SW 84 ST. MIAMI, FL 33173 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBE, MIRIAM S 20400 NE 30 AVENUE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURIE, DOUGLAS 12200 WEST BROWARD BLVD PLANTATION, FL 33325 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  PETER COHEN		DATE: 3/1/06 DAYTIME PHONE #: 305-666-1856	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

Attachment
40025583
720773

Additional Officers and Directors:

Title: VD
Name: Ricon, Mercedes
Street Address: 10545 SW 97 Ave.
City-State-Zip: Miami, FL 33176

Title: D
Name: Diaz, Maribel
Street Address: 12975 SW 6 St.
City-State-Zip: Miami, FL 33184

Title: D
Name: Harrington, John
Street Address: 1001 W. Cypress Creek Rd.
City-State-Zip: Ft. Lauderdale, FL 33309

Title: D
Name: Dempsey, Judy
Street Address: 5451 SW 64 Ave.
City-State-Zip: Davie, FL 33314

Title: D
Name: Havrilla, John
Street Address: 3939 Main Hwy
City-State-Zip: Miami, FL 33133

Title: D
Name: Hudlett, Jeanne
Street Address: 3881 NW 3 Ave.
City-State-Zip: Boca Raton, FL 33431

Title: D
Name: Hyman, Susan
Street Address: 18001 NW 22 Ave.
City-State-Zip: Miami, FL 33056

Title: D
Name: McGhee II, James
Street Address: 14850 SW 67 Ave.
City-State-Zip: Miami, FL 33158

Title: D
Name: Schechter, Joyce
Street Address: 11925 Sunset Dr.
City-State-Zip: Miami, FL 33183

Title: D
Name: Schechter, Joyce
Street Address: 11925 Sunset Dr.
City-State-Zip: Miami, FL 33183

Title: D
Name: Chermak, Jerome
Street Address: 3301 College Ave.
City-State-Zip: Ft. Lauderdale, FL 33314

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#720773

Title: D
Name: Cohen, Lawrence
Street Address: 6800 Nervia St.
City-State-Zip: Coral Gables, FL 33146

Title: D
Name: Ellison, Jolene
Street Address: 2835 Kenilworth Blvd.
City-State-Zip: Sebring, FL 33870

Title: D
Name: Freedman, Lawrence
Street Address: 7537 Northport Dr.
City-State-Zip: Boynton Beach, FL 33437

Title: D
Name: Lunde-Jordan, Linnie
Street Address: 7443 U.S. Hwy 90 West
City-State-Zip: Lake City, FL 32055

Title: D
Name: Liss, Irving
Street Address: 18001 NW 22 Ave.
City-State-Zip: Miami, FL 33056

Title: D
Name: McGhee Sr., James
Street Address: 14850 SW 67 Ave.
City-State-Zip: Miami, FL 33158