

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720773

FILED
Jan 17, 2007
Secretary of State

Entity Name: ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.

Current Principal Place of Business:

1001 WEST CYPRESS CREEK RD
SUITE 320 C
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

Current Mailing Address:

6800 NERVIA ST
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 59-2393307 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COHEN, PETER
6800 NERVIA ST
CORAL GABLES, FL 33146 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: SD () Delete
Name: ALLISON, SARAH DR.
Address: 1881N.E. 164 ST.
City-St-Zip: NORTH MIAMI BEACH, FL 33162

Title: TD () Delete
Name: COHEN, PETER
Address: 6800 NERVIA ST
City-St-Zip: CORAL GABLES, FL 33146

Title: VD () Delete
Name: LUNA, CHARALINE DR.
Address: 650 EAST AIRPORT BLVD.
City-St-Zip: SANFORD, FL 32773

Title: PD () Delete
Name: REPENSEK, CAROLE
Address: 10770 S.W. 84 STREET
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: RUBE, MIRIAM S
Address: 20400 NE 30 AVENUE
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: LAURIE, DOUGLAS
Address: 12200 WEST BROWARD BLVD
City-St-Zip: PLANTATION, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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City-St-Zip:

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

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: PETER COHEN

TD

01/17/2007

Electronic Signature of Signing Officer or Director

Date