

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720773

FILED  
Jan 14, 2009  
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: DEMPSEY, JUDY  
Address: 5451 SW 64 AVE.  
City-St-Zip: DAVIE, FL 33314

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: VD ( ) Delete  
Name: RICON, MERCEDES  
Address: 10545 SW 97 AVE.  
City-St-Zip: MIAMI, FL 33176

Title: D ( ) Delete  
Name: DIAZ, MARIBEL  
Address: 12975 SW 6 ST.  
City-St-Zip: MIAMI, FL 33184

**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:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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

01/14/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date