

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720773

FILED
Jan 20, 2010
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
Name: DEMPSEY, JUDY
Address: 5451 SW 64 AVE.
City-St-Zip: DAVIE, FL 33314

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: PETER COHEN

TD

01/20/2010

Electronic Signature of Signing Officer or Director

_____ Date