


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000004839	
1. Entity Name FLORIDA DISTANCE LEARNING ASSOCIATION, INC.	

Principal Place of Business BECON CENTER 6600 SW NOVA DRIVE FT LAUDERDALE, FL 33317	Mailing Address 6600 SW NOVA DRIVE FT LAUDERDALE, FL 33317
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DO NOT WRITE IN THIS SPACE

02132005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-1124214	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POLANSKY, MITCHELL S ESQ.
2665 SOUTH BAYSHORE DR., STE. 703
MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when retesting) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEVINE, JOEL S 2010 NW 108 AVE PEMBROKE PINES, FL 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED SALAZAR, RAUL 300 N.W. 70TH AVENUE, SUITE 305 PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IPPD JACKSON, WILLIAM 519 CHATHAM CIRCLE NAPLES, FL 34110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MCKINNEY, KATHLEEN 885 SOUTH COURTENAY PKWY MERRITT ISLAND, FL 32952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AROME, GLADYS 11300 N.E. 2ND AVENUE MIAMI, FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHIFFER-SIMON, PHYLLIS 6600 SW NOVA DRIVE FORT LAUDERDALE, FL 33317

U000000368526
05/31/05-80004-021 61.25

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12. I hereby 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: Joel S. Levine JOEL S. LEVINE 4/20/05 954-431-8337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #