

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009443

FILED
Mar 21, 2007
Secretary of State

Entity Name: ALTERNATIVE EDUCATION FOUNDATION INC.

Current Principal Place of Business:

9344 N CHELSEA DR
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

P O BOX 291918
DAVIE, FL 33329

New Mailing Address:

FEI Number: 20-1776950

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIN, AUBREY
9344 N CHELSEA DR
PLANTATION, FL 33324 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: D () Delete
Name: TRINGALI, DINA
Address: 16107 OPAL CREEK DR
City-St-Zip: WESTON, FL 33331

Title: D () Delete
Name: VITROFSKY, SUZY
Address: 747 NORTHLAKE DR
City-St-Zip: HOLLYWOOD, FL 33019

Title: D () Delete
Name: WILLIAMS, PATRICIA
Address: 842 HAWTHORN TERR
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GRIFFITH, CHRISTINA
Address: 9 CAYUGA RD
City-St-Zip: SEA RANCHES LAKES, FL 33308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: WALSH, TRACEY
Address: 96 WIMBLEDON LAKES DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: D (X) Change () Addition
Name: COHEN, CAROL F
Address: 13900 53RD ROAD SOUTH
City-St-Zip: WELLINGTON, FL 33467

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: TRACEY WALSH

D

03/21/2007

Electronic Signature of Signing Officer or Director

Date