## 2007 NOT-FOR-PROFIT CORPORATION

## Mar 19, 2007 8:00 am **ANNUAL REPORT Secretary of State** DOCUMENT # N98000004839 03-19-2007 90076 049 \*\*\*\*61.25 FLORIDA DISTANCE LEARNING ASSOCIATION, INC. Principal Place of Business Mailing Address 40038176 **BECON CENTER** 6600 SW NOVA DRIVE 6600 SW NOVA DRIVE FT LAUDERDALE, FL 33317 FT LAUDERDALE, FL 33317 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Education Technology Sewice Education Technology Services Suite, Apt. #, etc. Go Davy Dramond 7720 W. Dalland Park Blvd. 03122007 Chg-NP 720 W. Dakland Park Blud CR2E037 (12/06) City & State Applied For 4. FEI Number Survec wind. 65-1124214 Not Applicable Country 33351 \$8.75 Additional 5. Certificate of Status Desired 3535-I 16 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent POLANSKY, MITCHELL'S ESQ. 2665 SOUTH BAYSHORE DR., STE. 703 Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33133 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to $\Box$ Trust Fund Contribution **Fiorida Department of State** Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE TITLE ☐ Delete PD Change ☑ Addition LEVINE, JOEL S Blair, Risa Kaplan University NAME NAME STREET ADDRESS 2010 NW 108 AVE STREET ADDRESS 6301 Kaplan University Ave. CITY-ST-ZIP PEMBROKE PINES, FL 33026 CITY-ST-7/P FortLanderdale, R 33309 PED TITLE ☐ Delete TITLE Change PFD Addition SALAZAR, RAUL NAME NAME Levine, Joel 2010 NW 108 AVE Pembroke Pines, FL 33026 STREET ADDRESS 300 N.W. 70TH AVENUE, SUITE 305 STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33317 CITY-ST-ZIP TITLE **IPPD** ☐ Delete TITLE Change Addition 1 260 Durmeister Marsha 1431 N.28 Court Hollywood Fr JACKSON, WILLIAM NAME NAME 519 CHATHAM CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34110 CITY-ST-ZIP 33020 TITLE ☐ Delete TITLE Change Addition Diamond, Daryl 7720 W. Oakland Park Blut. NAME DIAMOND, DARYL NAME STREET ADDRESS 6600 SW NOVA DRIVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33317 CITY-ST-ZIP 33351 unrise, FL TITLE ☐ Delete TITLE ☐ Change Addition Mizell, Al Nova Southeatern University NAME AROME, GLADYS NAME STREET ADDRESS 11300 N.E. 2ND AVENUE 1750 NE 11 in Street North Miany Beach, pr 33162 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33161 CITY-ST-ZIP Howard, Linda | Change | Addition Fischler School of Education and Human Nova Southeastern University Beach TITLE TITLE ☐ Delete Addition NAME SCHIFFER-SIMON, PHYLLIS NAME STREET ADDRESS 6600 SW NOVA DRIVE STREET ADDRESS 1750 NE 16th Street, North Mani Beach

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

FORT LAUDERDALE, FL 33317

CITY+ST-7IP

SKINATURE AND TYPED OR PRINTED HAME OF SKINING O ING OFFICER OR DIRECTOR

FILED

Daytime Phone #

33162