

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009443

FILED
Jan 16, 2009
Secretary of State

Entity Name: ALTERNATIVE EDUCATION FOUNDATION INC.

Current Principal Place of Business:

4650 SW 61ST AVE
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

4650 SW 61ST AVE
DAVIE, FL 33314

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, LANCE
4650 SW 61ST AVE
DAVIE, FL 33314 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: T () Delete
Name: SERFER, GREGORY
Address: 4650 SW 61ST AVE
City-St-Zip: DAVIE, FL 33314

Title: S () Delete
Name: SPORKIN, JEFF
Address: 4650 SW 61ST AVE
City-St-Zip: DAVIE, FL 33314

Title: VP () Delete
Name: THOMAS, ADRIAN
Address: 4650 SW 61ST AVE
City-St-Zip: DAVIE, FL 33314

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

Title: D () Delete
Name: FEIN, LANCE
Address: 4650 SW 61ST AVE
City-St-Zip: DAVIE, FL 33314

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: WEISMAN, LEE
Address: 4650 SW 61ST AVE
City-St-Zip: DAVIE, FL 33314

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: LANCE FEIN

D

01/16/2009

Electronic Signature of Signing Officer or Director

Date