SIGNATURE	: CAROL DIAZ-ZUBIETA			01/11/2019
	Electronic Signature of Registered Agent			Date
Officer/Direc	ctor Detail :			
Title	D	Title	PRESIDENT, DIRECTOR	
Name	DEMPSEY, JUDY	Name	COHEN, PETER	
Address	5451 SW 64 AVE.	Address	6800 NERVIA ST	
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	CORAL GABLES FL 33146	
Title	DIRECTOR	Title	D	
Name	LUNA, CHARALINE DR.	Name	MCGHEE, JAMES JR	
Address	650 EAST AIRPORT BLVD.	Address	14850 SW 67 AVE	
City-State-Zip:	SANFORD FL 32773	City-State-Zip:	MIAMI FL 33158	
Title	D	Title	D	
Name	HYMAN, SUSAN	Name	DIAZ, MARIBEL	
Address	18001 NW 22 AVE	Address	12975 SW 6 ST.	
City-State-Zip:	MIAMI FL 33056	City-State-Zip:	MIAMI FL 33184	
Title	DIRECTOR	Title	V, D	
Name	ALLISON, SARAH	Name	BAPTISTE, AFUA	
Address	1881 NE 164 ST	Address	4645 N. STATE RD. 7	
City-State-Zip:	N. MIAMI BEACH FL	City-State-Zip:	LAUDERDALE LAKES FL	
		Continues of	Continues on page 2	

12975 SW 6 ST MIAMI, FL 33184 US

DIAZ-ZUBIETA, CAROL

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720773

Entity Name: ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.

Current Principal Place of Business:

1200 BRICKELL AVE SUITE 800 MIAMI, FL 33131

Current Mailing Address:

12975 SW 6 ST MIAMI, FL 33184 US

FEI Number: 59-2393307

Name and Address of Current 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: CAROL DIAZ-ZUBIETA

above, or on an attachment with all other like empowered.

TREASURER

01/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 11, 2019 Secretary of State 1513720871CC

Certificate of Status Desired: No

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

Officer/Director Detail Continued :

Title	TREASURER, DIRECTOR	Title	DIRECTOR, SECRETARY
Name	DIAZ-ZUBIETA, CAROL	Name	FLANDERS-RAMOS, ROWENA
Address	12975 SW 6 ST	Address	1450 CITRUS OAKS AVE
City-State-Zip:	MIAMI FL	City-State-Zip:	GOTHA FL
Title	DIRECTOR	Title	DIRECTOR
Name	LAURIE, DOUGLAS	Name	LEVY, EZRA
Address	12200 WEST BROWARD BLVD	Address	18900 NE 25 AVE
City-State-Zip:	PLANTATION FL	City-State-Zip:	N. MIAMI BEACH FL
City-State-Zip.			
Title	DIRECTOR	Title	DIRECTOR
Name	RICON, MERCEDES	Name	RICON, MERCHY
Address	10545 SW 97 AVE	Address	10545 SW 97 AVE
City-State-Zip:	MIAMI FL	City-State-Zip:	MIAMI FL
Title	DIRECTOR	Title	DIRECTOR, VP
Title Name	DIRECTOR DUARTE-ROMERO, GINA	l itle Name	BENITEZ, DANIEL
Name	DUARTE-ROMERO, GINA		
		Name	BENITEZ, DANIEL 19200 PINES BOULEVARD
Name Address City-State-Zip:	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155	Name Address City-State-Zip:	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029
Name Address City-State-Zip: Title	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR	Name Address City-State-Zip: Title	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR
Name Address City-State-Zip: Title Name	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR FEIN, GARY	Name Address City-State-Zip: Title Name	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR LATORRE, ANITA
Name Address City-State-Zip: Title Name Address	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR FEIN, GARY 6210 SOUTH CONGRESS AVENUE	Name Address City-State-Zip: Title	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR
Name Address City-State-Zip: Title Name	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR FEIN, GARY	Name Address City-State-Zip: Title Name	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR LATORRE, ANITA 12200 WEST BROWARD BOULEVARD
Name Address City-State-Zip: Title Name Address	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR FEIN, GARY 6210 SOUTH CONGRESS AVENUE	Name Address City-State-Zip: Title Name Address	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR LATORRE, ANITA 12200 WEST BROWARD BOULEVARD
Name Address City-State-Zip: Title Name Address City-State-Zip:	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR FEIN, GARY 6210 SOUTH CONGRESS AVENUE LANTANA FL 33462	Name Address City-State-Zip: Title Name Address City-State-Zip:	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR LATORRE, ANITA 12200 WEST BROWARD BOULEVARD PLANTATION FL 33325
Name Address City-State-Zip: Title Name Address City-State-Zip: Title	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR FEIN, GARY 6210 SOUTH CONGRESS AVENUE LANTANA FL 33462 DIRECTOR, VP	Name Address City-State-Zip: Title Name Address City-State-Zip: Title	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR LATORRE, ANITA 12200 WEST BROWARD BOULEVARD PLANTATION FL 33325 DIRECTOR
Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name Address	DUARTE-ROMERO, GINA 1600 SOUTHWEST 57TH AVENUE MIAMI FL 33155 DIRECTOR FEIN, GARY 6210 SOUTH CONGRESS AVENUE LANTANA FL 33462 DIRECTOR, VP TURNER, JEFF	Name Address City-State-Zip: Title Name Address City-State-Zip: Title Name	BENITEZ, DANIEL 19200 PINES BOULEVARD PEMBROKE PINES FL 33029 DIRECTOR LATORRE, ANITA 12200 WEST BROWARD BOULEVARD PLANTATION FL 33325 DIRECTOR TROGE, BEN 10311 NW 58 STREET