

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 720773

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC7220974444**

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

**Current Principal Place of Business:**

1001 WEST CYPRESS CREEK RD  
SUITE 320 C  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6800 NERVIA ST  
CORAL GABLES, FL 33146 US

**FEI Number: 59-2393307**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COHEN, PETER  
6800 NERVIA ST  
CORAL GABLES, FL 33146 US

*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

**Officer/Director Detail :**

Title VD  
Name DEMPSEY, JUDY  
Address 5451 SW 64 AVE.  
City-State-Zip: DAVIE FL 33314

Title TD  
Name COHEN, PETER  
Address 6800 NERVIA ST  
City-State-Zip: CORAL GABLES FL 33146

Title PD  
Name LUNA, CHARALINE DR.  
Address 650 EAST AIRPORT BLVD.  
City-State-Zip: SANFORD FL 32773

Title SD  
Name MCGHEE, JAMES JR  
Address 14850 SW 67 AVE  
City-State-Zip: MIAMI FL 33158

Title VD  
Name HYMAN, SUSAN  
Address 18001 NW 22 AVE  
City-State-Zip: MIAMI FL 33056

Title D  
Name DIAZ, MARIBEL  
Address 12975 SW 6 ST.  
City-State-Zip: MIAMI FL 33184

Title DIRECTOR  
Name ALLISON, SARAH  
Address 1881 NE 164 ST  
City-State-Zip: N. MIAMI BEACH FL

Title DIRECTOR  
Name BAPTISTE, AFUA  
Address 4645 N. STATE RD. 7  
City-State-Zip: LAUDERDALE LAKES FL

**Continues on page 2**

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

**SIGNATURE: PETER COHEN**

**TREASURER**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DIAZ-ZUBIETA, CAROL  
Address 12975 SW 6 ST  
City-State-Zip: MIAMI FL

Title DIRECTOR  
Name FLANDERS-RAMOS, ROWENA  
Address 1450 CITRUS OAKS AVE  
City-State-Zip: GOTHA FL

Title DIRECTOR  
Name LEVY, EZRA  
Address 18900 NE 25 AVE  
City-State-Zip: N. MIAMI BEACH FL

Title DIRECTOR  
Name RICON, MERCHY  
Address 10545 SW 97 AVE  
City-State-Zip: MIAMI FL

Title DIRECTOR  
Name ELLISON, DONNA  
Address 2835 KENILWORTH BLVD  
City-State-Zip: SEBRING FL

Title DIRECTOR  
Name LAURIE, DOUGLAS  
Address 12200 WEST BROWARD BLVD  
City-State-Zip: PLANTATION FL

Title DIRECTOR  
Name RICON, MERCEDES  
Address 10545 SW 97 AVE  
City-State-Zip: MIAMI FL