

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004201

**Entity Name:** ALTERNATIVE EDUCATION INSTITUTE, INC.

**Current Principal Place of Business:**

5071 DAVIE ROAD  
DAVIE, FL 33314

**Current Mailing Address:**

5071 DAVIE ROAD  
DAVIE, FL 33314

**FEI Number:** 65-1157306

**Certificate of Status Desired:** No

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

SALLOP, KRISTA  
5071 DAVIE ROAD  
DAVIE, FL 33314 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            D  
Name            SALLOP, KRISTA M  
Address        5071 DAVIE ROAD  
City-State-Zip: DAVIE FL 33314

*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:** KRISTA SALLOP

**DIRECTOR**

**01/25/2016**

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

\_\_\_\_\_  
Date