

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009443

Entity Name: ALTERNATIVE EDUCATION FOUNDATION INC.**Current Principal Place of Business:**4650 SW 61ST AVE
DAVIE, FL 33314**Current Mailing Address:**4650 SW 61ST AVE
DAVIE, FL 33314**FEI Number:** 20-1776950**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FEIN, LANCE
4650 SW 61ST AVE
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 OFFICER
Name SERFER, GREGORY DR.
Address 4650 SW 61ST AVE
City-State-Zip: DAVIE FL 33314

Title P
Name STAVITSKY, MARK DR.
Address 4650 SW 61ST AVE
City-State-Zip: DAVIE FL 33314

Title TREASURER
Name GRIFFITH, CHRISTINA
Address 9 CAYUGA RD
City-State-Zip: SEA RANCHES LAKES FL 33308

Title D
Name FEIN, LANCE
Address 4650 SW 61ST AVE
City-State-Zip: DAVIE FL 33314

Title OFFICER
Name WEISSMAN, LEE
Address 4650 SW 61ST AVE
City-State-Zip: DAVIE FL 33314

Title VP
Name HIERHOLZER, CHRISTY
Address 4650 SW 61ST AVE
City-State-Zip: DAVIE FL 33314

Title SECRETARY
Name RANDEL, ROBERTA DR.
Address 4650 SW 61ST AVE
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: LANCE FEIN**DIRECTOR****01/28/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date