

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000009443

**FILED**  
**Jan 10, 2014**  
**Secretary of State**  
**CC3126187826**

**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 S  
Name SERFER, GREGORY  
Address 4650 SW 61ST AVE  
City-State-Zip: DAVIE FL 33314

Title P  
Name SPORKIN, JEFF  
Address 4650 SW 61ST AVE  
City-State-Zip: DAVIE FL 33314

Title VP  
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 T  
Name WEISMAN, LEE  
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**

**01/10/2014**

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

\_\_\_\_\_  
Date