

**2021 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	EXECUTIVE DIRECTOR
Name	FEIN, LANCE
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	BOARD MEMBER
Name	RABINSKY, LISA
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****01/11/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date