

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

DOCUMENT# N09000000811

**FILED**  
**Apr 16, 2015**  
**Secretary of State**  
**CC0324545105**

**Entity Name:** FORT LAUDERDALE INDEPENDENCE TRAINING & EDUCATION CENTER, INC.

**Current Principal Place of Business:**

1100 WEST MCNAB ROAD  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

P.O. BOX 120594  
FORT LAUDERDALE, FL 33312 US

**FEI Number: 26-4155794**

**Certificate of Status Desired: No**

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

LOFFREDO, TOM ESQ.  
C/O GRAY ROBINSON, P.A.  
401 EAST LAS OLAS BOULEVARD SUITE 1850  
FORT LAUDERDALE, FL 33301 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: TOM LOFFREDO**

**04/16/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name RING, AUDREY  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title VC  
Name LOFFREDO, TOM  
Address 1100 WEST MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DT  
Name HARVEY, RODERICK  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name GROSSMAN, MARC  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name WHITTINGTON, JENNIFER  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title PRESIDENT  
Name HARRIS, SANDY  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name KEY, ED  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name MILLER, VIRGINIA  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

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*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: KRISTEN GUERRISE**

**EXECUTIVE DIRECTOR**

**04/16/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MINIACI, ALBERT  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name LANDI, PAMELA  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name CORPREW, ADRIENNE  
Address 1100 WEST MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name MCMAHON, DORIS  
Address 1100 WEST MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name TWOROGER, LESLIE  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title DIRECTOR  
Name GUERRISE, KRISTEN  
Address 351 NORTH STATE ROAD 7  
102  
City-State-Zip: PLANTATION FL 33317

Title SECRETARY  
Name MARON, NICOLE  
Address 1100 WEST MCNAB ROAD  
City-State-Zip: FORT LAUDERDALE FL 33309