

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000811

FILED
Feb 26, 2014
Secretary of State
CC4269854592

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

Current Principal Place of Business:

351 NORTH STATE ROAD 7
102
PLANTATION, FL 33317

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

02/26/2014

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 DS
Name LOFFREDO, TOM
Address 351 NORTH STATE ROAD 7
102
City-State-Zip: PLANTATION FL 33317

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 DIRECTOR
Name GADSON, GEORGE
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

Continues on page 2

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, MSW

EXECUTIVE DIRECTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name DODD, VANECIA
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