

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000811

FILED
Jan 26, 2016
Secretary of State
CC9453406845

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:

1100 WEST MCNAB ROAD
FORT LAUDERDALE, FL 33309 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

01/26/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title TREASURER
Name GROSSMAN, MARC
Address 1100 WEST MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

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

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

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

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

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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

DIRECTOR

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name BARNES, LISA
Address 1100 W. MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR
Name GUERRISE, KRISTEN
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 EPSTEIN, JOSEPH
Address 1100 WEST MCNAB ROAD
City-State-Zip: FORT LAUDERDALE FL 33309