

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003314

Entity Name: MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNING COMMUNITY" (CLC), INC.

FILED
Apr 24, 2013
Secretary of State
CC0705406235

Current Principal Place of Business:

4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146

Current Mailing Address:

PO BOX 14-4200
CORAL GABLES, FL 33114-4200

FEI Number: 65-0770873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PERDOMO, MERCEDES
4000 PONCE DE LEON BLVD
STE 470
CORAL GABLES, FL 33146 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 DT
Name WESTON, ANDREW
Address 949 DOLPHIN DRIVE
City-State-Zip: JUPITER FL 33458

Title DS
Name KELLEY, CHRISTOPHER
Address 11098 BISCAYNE BLD. STE. 205
City-State-Zip: MIAMI FL 33161

Title D
Name COBB, CHARLES
Address PO BOX 14-4200
City-State-Zip: CORAL GABLES FL 33114-4200

Title CD
Name LIFTIN, ELAINE DR
Address 3265 MERIDIAN PARKWAY, STE 130
City-State-Zip: WESTON FL 33331

Title PD
Name PICHE, EVELYN PH.D
Address 11300 NORTHEAST SECOND AVE.
City-State-Zip: MIAMI SHORES FL 33161

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: CHARLES COBB

D

04/24/2013

Electronic Signature of Signing Officer/Director Detail

Date