

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004839

Entity Name: FLORIDA DISTANCE LEARNING ASSOCIATION, INC.**Current Principal Place of Business:**NOVA SOUTHEASTERN UNIVERSITY
3301 COLLEGE AVE., FISCHLER COLLEGE OF EDUCATION #178A
FORT LAUDERDALE, FL 33314**Current Mailing Address:**NOVA SOUTHEASTERN UNIVERSITY
3301 COLLEGE AVE., FISCHLER COLLEGE OF EDUCATION, #178A
FORT LAUDERDALE, FL 33314 US**FEI Number:** 65-1124214**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SU, HUI FANG H. DR.
NOVA SOUTHEASTERN UNIVERSITY
3301 COLLEGE AVE., FISCHLER COLLEGE OF EDUCATION, #178A
FORT LAUDERDALE, 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:** HUI FANG HUANG SU

01/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	SU, HUI FANG H. DR.
Address	2150 ARECA PALM ROAD
City-State-Zip:	BOCA RATON FL 33432

Title	D
Name	MARCHMAN, BRIAN DR.
Address	NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE., FISCHLER COLLEGE OF EDUCATION #178A
City-State-Zip:	FORT LAUDERDALE FL 33314

Title	D
Name	GLENN, JOANNE S
Address	NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE. FISCHLER COLLEGE OF EDUCATION #178A
City-State-Zip:	FORT LAUDERDALE FL 33314
Title	DIRECTOR
Name	BROWN, VICTORIA DR.
Address	NOVA SOUTHEASTERN UNIVERSITY 3301 COLLEGE AVE., FISCHLER COLLEGE OF EDUCATION #178A
City-State-Zip:	FORT LAUDERDALE 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: HUI FANG HUANG SU

PRESIDENT

01/14/2018

Electronic Signature of Signing Officer/Director Detail

Date