

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736780

FILED
Apr 30, 2009
Secretary of State

Entity Name: ASSOCIATION FOR JEWISH SPECIAL EDUCATION, INC.

Current Principal Place of Business:

9921 SW 99 STREET
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

9921 SW 99 STREET
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 59-1690944 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLS-PALEY, BENEE'
1300 ST. CHARLES PLACE
PEMBROKE PINES, FL 33026 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: () Delete
Name: KLIEMAN, CHARLOTTE
Address: 9921 SW 99 STREET
City-St-Zip: MIAMI, FL 33176 US

Title: () Delete
Name: PALEY, HOWARD
Address: 1300 ST. CHARLES PLACE
City-St-Zip: PEMBROKE PINES, FL 33026 US

Title: () Delete
Name: BASS, DENNIS
Address: 735 NE 125TH ST
City-St-Zip: MIAMI, FL 33161 US

Title: () Delete
Name: CUMMINGS, WAYNE
Address: 1400 NE 169 STREET #305
City-St-Zip: MIAMI, FL 33162 US

Title: () Delete
Name: BENRUBE, MALLARY
Address: 1000 QUAYSIDE TER. PH#11-TOWER #1
City-St-Zip: MIAMI, FL 33138 US

Title: () Delete
Name: BALLEW, ARMINE
Address: 13254 SW 110 TER.
City-St-Zip: MIAMI, FL 33186 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHARLOTTE KLIEMAN

04/30/2009

Electronic Signature of Signing Officer or Director

_____ Date