

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **747972** (8)

1. Corporation Name

FOUNDATION FOR LEARNING, INC.



Principal Place of Business

**1489 S UNIVERSITY DRIVE
PLANTATION FL 33324**

Mailing Address

**1489 S UNIVERSITY DRIVE
PLANTATION FL 33324**

3. Date Incorporated or Qualified
07/05/1979

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21 **1357 S. University Dr**

26 **1357 S. University Dr**

22 **Plantation FL**

27 **Plantation FL**

City & State

City & State

23 **33324**

Country
FL

28 **33324**

Country
FL

24 **33324**

Country
FL

29 **33324**

Country
FL

4. FEI Number
59-1926553

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**OJITO, TERE
20081 N.W. 5TH ST.
PEMBROKE PINES FL 33029**

81 Name **Ojito Tere**

82 Street Address (P.O. Box Number is Not Acceptable)
1357 S University Dr

83 **Plantation FL**

84 City

33324

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **KELLER, FRED J.**
STREET ADDRESS **5140 S.W. 40TH AVE. #26C**
CITY-ST-ZIP **FT. LAUDERDALE FL 33314**

TITLE **D** ☐ DELETE
NAME **BERNARD, ELIZABETH**
STREET ADDRESS **3015 CENTER AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE **D** ☐ DELETE
NAME **DEPALMA, LEONARD**
STREET ADDRESS **5874 S FLAMINGO RD**
CITY-ST-ZIP **COOPER CITY FL**

TITLE **SD** ☐ DELETE
NAME **ALLER, SAM**
STREET ADDRESS **2040 NE 182 ST**
CITY-ST-ZIP **N. MIAMI BEACH FL**

TITLE **TD** ☐ DELETE
NAME **KRIDEL, MICHAEL**
STREET ADDRESS **14750 NW 77 CT**
CITY-ST-ZIP **MIAMI LAKES FL**

TITLE **VPD** ☐ DELETE
NAME **KERZNER, MICHAEL**
STREET ADDRESS **9260 NW 9 CT**
CITY-ST-ZIP **PLANTATION FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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***61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

93-29-1796