

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005351

FILED  
Jan 05, 2012  
Secretary of State

**Entity Name:** STUDY ZONE OF SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

11073 MANELE COURT  
BOYNTON BEACH, FL 33437

**New Principal Place of Business:**

**Current Mailing Address:**

11073 MANELE COURT  
BOYNTON BEACH, FL 33437

**New Mailing Address:**

**FEI Number:** 65-1036173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DANZ, MURRAY  
11073 MANELE COURT  
BOYNTON BEACH, FL 33437 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:** PD  
**Name:** DANZ, MURRAY  
**Address:** 11073 MANELE COURT  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** SD  
**Name:** DANZ, IRENE  
**Address:** 11073 MANELE COURT  
**City-St-Zip:** BOYNTON BEACH, FL 33437

**Title:** TD  
**Name:** HIRSCHMAN, FRED  
**Address:** 13209 ALHAMBRA LAKE CIRCLE  
**City-St-Zip:** DELRAY BEACH, FL 33446

**Title:** D  
**Name:** HOLTZ, SUSAN F DR.  
**Address:** 16258 ANDALUCIA LANE  
**City-St-Zip:** DELRAY BEACH, FL 33446

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:** IRENE DANZ

SD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date