2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# N02000001947

Entity Name: DR. SHELDON AND FERN HARR DAY SCHOOL, INC.

Current Principal Place of Business:

8200 PETERS RD
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

8200 PETERS RD
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 23-7449716 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHN, ALAN B
100 WEST CYPRESS CREEK ROAD
TRADE CENTER SOUTH, SUITE 700
FORT LAUDERDALE, FL 33309 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:	D	( ) Delete
Name:	COHN, ALAN	
Address:	8800 N. LAKE DASHA DRIVE	
City-St-Zip:	PLANTATION, FL 33324	
Title:	PD	( ) Delete
Name:	CHALIK, JASON	
Address:	8200 PETERS ROAD	
City-St-Zip:	PLANTATION, FL 33324	
Title:	D	( ) Delete
Name:	ANCHELL, ILENE	
Address:	10050 NW 14 STREET	
City-St-Zip:	PLANTATION, FL 33322	
Title:	DST	( ) Delete
Name:	HELITZER, CALVIN	
Address:	8200 PETERS ROAD	
City-St-Zip:	PLANTATION, FL 33324	

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:	

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: ALAN COHN RA 04/01/2009

Electronic Signature of Signing Officer or Director — Date