

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007500

FILED  
Jul 07, 2009  
Secretary of State

**Entity Name:** ROATAN BILINGUAL SCHOOL ACADEMIC FOUNDATION, INC.

**Current Principal Place of Business:**

ATTN: HAYDEE GALINDO  
699 S. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: HAYDEE GALINDO  
699 S. FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

**FEI Number:** 04-3721878      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

SUMMERELL, WILLIAM R  
444 BRICKELL AVENUE  
SUITE 51, BOX RO603  
MIAMI, FL 33131 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GALINDO, CHERYL  
Address: 699 S FEDERAL HIGHWAY  
City-St-Zip: HOLLYWOOD, FL 33020

Title: D ( ) Delete  
Name: GALINDO-HYDE, HAYDEE  
Address: 3352 SW 51ST STREET  
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: D ( ) Delete  
Name: WARREN, JESSICA  
Address: 14246 NW 21ST STREET  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D ( ) Delete  
Name: BRUNO, MARTHA  
Address: 2104 SHEPARD STREET  
City-St-Zip: MOREHEAD CITY, NC 38557

Title: D ( ) Delete  
Name: SUMMERELL, RUSS  
Address: 444 BRICKELL AVENUE  
City-St-Zip: MIAMI, FL 33131

**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: HAYDEE GALINDO -HYDE

D

07/07/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date