


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90106 020 ****61.25

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1. Entity Name
HIGHER EDUCATION PARTNERSHIP FOR SOUTHEAST FLORIDA INC.



Principal Place of Business
BARRY UNIVERSITY - SCHOOL OF ADULT & CONTINUING EDUCATION 11300 NE 2ND AVE MIAMI SHORES, FL 33161-6695

Mailing Address
BARRY UNIVERSITY - SCHOOL OF ADULT & CONTINUING EDUCATION 11300 NE 2ND AVE MIAMI SHORES, FL 33161-6695

50025831



2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

City & State

01052005 Chg-NP CR2E037 (10/03)

4. FEI Number
20-0706933

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCLAUGHLIN, HEIDI M
BARRY UNIVERSITY - SCHOOL OF ADULT & CONTINUING EDUCATION 11300 NE 2ND AVE MIAMI SHORES, FL 33161-6695

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MCLAUGHLIN, HEIDI M	
STREET ADDRESS	BARRY UNIV, 11300 NE 2ND AVE	
CITY-ST-ZIP	MIAMI SHORES, FL 33161	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	SPELLACY, JAMIE	
STREET ADDRESS	UNIV OF PHOENIX, 600 N PINE ISLAND RD	
CITY-ST-ZIP	PLANTATION, FL 33324	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ISSAC, J. NEAL	
STREET ADDRESS	KEISER COLLEGE, 1500 NW 49TH ST	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President (P)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAME	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	First VP (1VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Giselle Lopez	
STREET ADDRESS	6409 Congress Ave.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Second VP(2VP)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Keisha Smith-DeVry University	
STREET ADDRESS	2300 SW 145 Street	
CITY-ST-ZIP	Miramar, FL 33027	
TITLE	Treasurer (T)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tiffany Alexandria-Kaplan University	
STREET ADDRESS	6409 Congress Ave.	
CITY-ST-ZIP	Boca Raton, FL 33487	
TITLE	Co-Secretary (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nyree Goodin - Univ. of Phoenix	
STREET ADDRESS	550 West Cypress Creek Rd.-Suite 150	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	
TITLE	Co-Secretary (S)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luis Lozano - Union Inst. & Univ.	
STREET ADDRESS	16853 NE 2nd Ave. #102	
CITY-ST-ZIP	North Miami Beach, FL 33162	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HEIDI M. MCLAUGHLIN
Heidi M. McLaughlin **3-7-05** **305-899-4046**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #