

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90036 015 ****61.25

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01102006 Chg-NP CR2E037 (11/05)

DOCUMENT # N04000001069					
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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0706933	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MCLAUGHLIN, HEIDI M BARRY UNIVERSITY - SCHOOL OF ADULT & CONTINUING EDUCATION 11300 NE 2ND AVE MIAMI SHORES, FL 33161-6695			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAUGHLIN, HEIDI M		NAME		
STREET ADDRESS	BARRY UNIV, 11300 NE 2ND AVE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES, FL 33161		CITY-ST-ZIP		
TITLE	1VP	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, GISELLE		NAME	GISELLE MENDEZ	
STREET ADDRESS	6409 CONGRESS AVE		STREET ADDRESS	KAPLAN UNIV., 6409 CONGRESS AVE	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	BOCA RATON, FL 33487	
TITLE	2VP	<input checked="" type="checkbox"/> Delete	TITLE	CO-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, KEISHA		NAME	KRISTIN SCHOLASTICO	
STREET ADDRESS	2300 SW 145 ST		STREET ADDRESS	ST. THOMAS UNIV., 16401 NW 37 AVE.	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	MIAMI GARDENS, FL 33054	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	CO-SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEXANDRIS, TIFFANY		NAME	JANÁ DEBOW CURINGTON	
STREET ADDRESS	6409 CONGRESS AVE		STREET ADDRESS	NOVA SOUTHEASTERN UNIV., 3301 COLLEGE AVE.	
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIN, NYREE		NAME	LAURA ANTOZAK	
STREET ADDRESS	550 W CYPRESS CREEK RD STE 150		STREET ADDRESS	FAU, 2912 COLLEGE AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33309		CITY-ST-ZIP	DAVIE, FL 33314	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOZANO, LUIS		NAME		
STREET ADDRESS	16853 NE 2ND AVE #102		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33162		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Heidi M. McLaughlin</i>		HEIDI M. MCLAUGHLIN		1-23-05 305-899-4046	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	