## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000000425

Entity Name: RISE SCHOOLS, INC.

FILED Jul 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

14615 SW 183RD TERRACE 30960 SW 191ST AVE MIAMI, FL 33177 HOMESTEAD, FL 33030

**Current Mailing Address: New Mailing Address:** 

14615 SW 183RD TERRACE 30960 SW 191ST AVE MIAMI, FL 33177 HOMESTEAD, FL 33030

FEI Number: 20-8362247 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:

TORCIVIA, GEMMA TORCIVIA, GEMMA 30960 SW 191ST AVE 14615 SW 183RD TERRACE

MIAMI, FL 33177 HOMESTEAD, FL 33030 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: GEMMA TORCIVIA 07/07/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete

TORCIVIA, GEMMA TORCIVIA, GEMMA Name: Name: Address: 14615 SW 183RD TERRACE Address: 30960 SW 191ST AVE City-St-Zip: MIAMI, FL 33177 City-St-Zip: HOMESTEAD, FL 33030

Title: () Delete Title: MS (X) Change ( ) Addition

Name: MILLER, STEPHANIE Name: KORN, LINDSAY L Address: 14615 SW 183RD TERRACE Address: 1941 SE 23RD TER City-St-Zip: MIAMI, FL 33177 City-St-Zip: HOMESTEAD, FL 33035

Title: () Delete Title: (X) Change ( ) Addition

GRUDZIEN, ADRIENNEE GRUDZIEN, ADRIENNEE Name: Name: 8345 BRYAN AVE - APT 5 8345 BRYAN AVE - APT 5 Address: Address: City-St-Zip: MIAMI BEACH, FL 33141 City-St-Zip: MIAMI BEACH, FL 33141

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: GEMMA TORCIVIA MS 07/07/2008