

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000003931

FILED
Jan 05, 2010
Secretary of State

Entity Name: THE FLORIDA ASSOCIATION OF INDEPENDENT SPECIAL EDUCATION FACILITIES, INC.

Current Principal Place of Business:

894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708

New Principal Place of Business:

12101 SW 34 ST.
MIAMI, FL 33175

Current Mailing Address:

894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708

New Mailing Address:

12101 SW 34 ST.
MIAMI, FL 33175

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGLI, JACQUELINE
894 GARY HILLERY DRIVE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

LOGAN, TERI PH. D.
200 N.W. 109TH AVE.
MIAMI, FL 33172 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: DR. TERI LOGAN

01/05/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: DE VILLIERS, JILIANN T DR.
Address: 12101 SW 34 ST.
City-St-Zip: MIAMI, FL 33175

Title: VP
Name: LOGAN, TERI PH.D.
Address: 200 N.W. 109 AVE.
City-St-Zip: MIAMI, FL 33172

Title: SEC
Name: ULLOA, LAZARO
Address: 10300 S.W. 167TH AVE.
City-St-Zip: MIAMI, FL 33196

Title: T
Name: YARISA, ECHEVARRIA
Address: 11155 S.W. 112 AVE.
City-St-Zip: MIAMI, FL 33176

I hereby 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 all other like empowered.

SIGNATURE: DR. JILIANN DE VILLIERS

PRES

01/05/2010

Electronic Signature of Signing Officer or Director

Date