2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# N08000009087

Entity Name: FLORIDA HIGH SCHOOL FOR ACCELERATED LEARNING - MIAMI CAMPUS, INC.

Current Principal Place of Business:

301 E. PINE ST., SUITE 1400
ORLANDO, FL 32801

New Principal Place of Business:

C/O DONNA GOGREVE, 3206 S. UNIVERSITY DR.
MIRAMAR, FL 33025 US

Current Mailing Address:

3206 S. UNIVERSITY DR.
MIRAMAR, FL 33025

New Mailing Address:

C/O DONNA GOGREVE, 3206 S. UNIVERSITY DR.
MIRAMAR, FL 33025 US

FEI Number: 26-4030054 **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:

GOGREVE, DONNA
3206 S. UNIVERSITY DR.
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

SCHNEIDER, LAZ L
350 E. LAS OLAS BLVD.
10TH FLOOR
FT. LAUDERDALE, FL 33301 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: LAZ L. SCHNEIDER 05/01/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: DARLING, CATHIA
Address: 5000 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: MARINO, FANNY
Address: 6801 W. 20TH AVE.
City-St-Zip: HIALEAH, FL 33014

Title: D ( ) Delete
Name: DELGADO, WILLIAM
Address: 782 NW LEJEUNE RD, #348
City-St-Zip: MIAMI, FL 33126

Title: D ( ) Delete
Name: SHIRLEY, VILMORE
Address: 10561 SW 207TH ST.
City-St-Zip: MIAMI, FL 33189

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: DARLING, CATHIA N DR.
Address: 5000 NW 15TH AVE.
City-St-Zip: MIAMI, FL 33142 US

Title: D (X) Change ( ) Addition
Name: MARINO, FANNY
Address: 6801 W. 20TH AVE.
City-St-Zip: HIALEAH, FL 33014 US

Title: DST (X) Change ( ) Addition
Name: DELGADO, WILLIAM
Address: 782 NW LEJEUNE RD, #348
City-St-Zip: MIAMI, FL 33126 US

Title: DC (X) Change ( ) Addition
Name: SHIRLEY, VILMORE E
Address: 10561 SW 207TH ST.
City-St-Zip: MIAMI, FL 33189 US

Title: DVC ( ) Change (X) Addition
Name: GARCIA, LILIA
Address: 415 CALIGULA AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

Title: D ( ) Change (X) Addition
Name: ROBLES, ELISA
Address: 1001 W. 48TH ST., #9
City-St-Zip: HIALEAH, FL 33012 US

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: SHIRLEY E. VILMORE C 05/01/2009
Electronic Signature of Signing Officer or Director Date