

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009126

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF MIAMI-DADE COUNTY, INC.

**Current Principal Place of Business:**

GOREN, CHEROF DOODY & EZROL, P.A.  
3099 EAST COMMERCIAL BLVD. #200  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

GOREN, CHEROF DOODY & EZROL, P.A.  
3099 EAST COMMERCIAL BLVD. #200  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

FEI Number: 26-4274479      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KLAHR, JULIE F  
3099 EAST COMMERCIAL BLVD.  
SUITE 200  
FORT LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: LANDY, LISA  
Address: 1 SOUTHEAST 3RD AVENUE, 25TH FLOOR  
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete  
Name: ALI, IMRAN  
Address: 9032 TIFFANY DRIVE  
City-St-Zip: MIAMI, FL 33157

Title: D ( ) Delete  
Name: BALDWIN, GILDA  
Address: 2500 SOUTHWEST 75TH STREET  
City-St-Zip: MIAMI, FL 33155

Title: D ( ) Delete  
Name: BUTCHEY, DEANNE  
Address: 11200 SOUTHWEST 8TH STREET  
City-St-Zip: MIAMI, FL 33199

Title: D (X) Delete  
Name: LYNCH, ANTOINETTE  
Address: 11200 SOUTHWEST 8TH STREET, RB 240A  
City-St-Zip: MIAMI, FL 33199

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: LYNCH, ANTOINETTE  
Address: 11200 SOUTHWEST 8TH STREET, RB 240A  
City-St-Zip: MIAMI, FL 33199

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LISA LANDY

CD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date