

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009132

FILED
Apr 23, 2009
Secretary of State

Entity Name: NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF ORANGE 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: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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: CLARKE, PETER
Address: 2607 OVERLAKE AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: RISING-CLARKE, CATHY
Address: 2607 OVERLAKE AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: CUBILLOS, AILEEN
Address: 5052 HAWKS HAMMOCK WAY
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: ELLIS, NANCY
Address: 14562 GAINESBOROUGH DRIVE
City-St-Zip: ORLANDO, FL 32826

Title: D () Delete
Name: MORRISON, RICHARD
Address: 2400 BEDFORD ROAD
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: PETER CLARKE

CD

04/23/2009

Electronic Signature of Signing Officer or Director

Date