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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43140

1. Corporation Name

**DAE ASSOCIATION OF ACADEMIC NON-PUBLIC SCHOOLS,
INC.**

Principal Place of Business

10134 SW 78 CT
MIAMI FL 33176
US

Mailing Address

10134 SW 78CT
MIAMI FL 33176
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/25/1991

4. FEI Number

65-0289605

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WILLIAMS, JAMES A
10134 SW 78 CT
MIAMI FL 33137

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **BLOOM, RAYMOND**
STREET ADDRESS **1181 NE 176TH TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **CARNER, ZELDA**
STREET ADDRESS **8801 SW 114 TERR.**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **CASANOVA, ALICIA A.**
STREET ADDRESS **8721 SW 93RD CT.**
CITY-ST-ZIP **MIAMI FL**

TITLE **TD** ☐ DELETE

NAME **WILLIAMS, JAMES**
STREET ADDRESS **6575 N KENDALL DRIVE**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **CHARLTON, KRIS MATTESON**
STREET ADDRESS **1142 CORAL WAY**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **D** ☐ DELETE

NAME **LUTTON, JOAN**
STREET ADDRESS **592 NE 60 ST**
CITY-ST-ZIP **MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/99 305-274-6491

Date

Daytime Phone #

CR2E037 (1/98)