

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43140

FILED
Jan 30, 2004
Secretary of State

Entity Name: DADE ASSOCIATION OF ACADEMIC NON-PUBLIC SCHOOLS, INC.

Current Principal Place of Business:

10134 SW 78 CT
MIAMI, FL 33176 US

New Principal Place of Business:

12205 SW 70 COURT
MIAMI, FL 33156 US

Current Mailing Address:

10134 SW 78CT
MIAMI, FL 33176 US

New Mailing Address:

12205 SW 70 COURT
MIAMI, FL 33156 US

FEI Number: 65-0289605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JAMES A
10134 SW 78 CT
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

RAYMOND, DUNN
12205 SW 70 COURT
MIAMI, FL 33156 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: RAYMOND DUNN

01/30/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RICON, MERCEDES
Address: 10545 SW 97TH AVE
City-St-Zip: MIAMI, FL 33197

Title: S () Delete
Name: MCGHEE, JAMES II
Address: 6050 SW 57 AVE
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: CASANOVA, ALICIA A.,
Address: 8721 SW 93RD CT.
City-St-Zip: MIAMI, FL

Title: TD () Delete
Name: WILLIAMS, JAMES,
Address: 6575 N KENDALL DRIVE
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: CHARLTON, KRIS MATTESON
Address: 1142 CORAL WAY
City-St-Zip: CORAL GABLES, FL

Title: D () Delete
Name: LUTTON, JOAN,
Address: 592 NE 60 ST
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: PALMIERI, ANGELO
Address: 3000 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33165

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

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

Title: TD (X) Change () Addition
Name: DUNN, RAYMOND
Address: 12205 SW 70 COURT
City-St-Zip: MIAMI, FL

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 for the exemption stated in Section 119.07(3)(i), 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: ANGELO PALMIERI

D

01/30/2004

Electronic Signature of Signing Officer or Director

Date