

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43140

FILED
Jan 20, 2006
Secretary of State

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

Current Principal Place of Business:

8755 SW 32ND STREET
MIAMI, FL 33165 US

New Principal Place of Business:

Current Mailing Address:

8755 SW 32ND STREET
MIAMI, FL 33165 US

New Mailing Address:

FEI Number: 65-0289605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAANS
8755 SW 32ND STEET
MIAMI, FL 33165 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: D () Delete
Name: PALMIERI, ANGELO
Address: 3000 SW 87 AVENUE
City-St-Zip: MIAMI, FL 33165

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: DUNN, RAYMOND
Address: 12205 SW 70 COURT
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: () 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: D (X) Change () Addition
Name: YUZ, KATHIE
Address: 4200 BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33137

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 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: ANGELO PALMIERI

D

01/20/2006

Electronic Signature of Signing Officer or Director

Date