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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 3:44

DOCUMENT # N92000000644 (6)

1. Corporation Name

INDIAN TRACE EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
412 NE 3RD AVENUE FT. LAUDERDALE FL 33301 US	412 NE 3RD AVENUE FT. LAUDERDALE FL 33301 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 01/25/1994
4. FEI Number: 65-0373295 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1430 NW 72ND AVE	26 1430 NW 72ND AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 PLANTATION FL	City & State 28 PLANTATION FL
Zip 24 33313 Country 25 BROW	Zip 29 33313 Country 30 BROW

9. Name and Address of Current Registered Agent

LIEBERMAN, STEVAN
441 N.E. 4TH AVENUE
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable) 1430 NW 72ND AVE
33
34 City Plantation FL 35 Zip Code 33313

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	HEADLEY, CHARLES	1.2 NAME	
STREET ADDRESS	412 NE 3RD AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	CASANOVA, DEBBIE	2.2 NAME	
STREET ADDRESS	412 NE 3RD AVE	2.3 STREET ADDRESS	485 Sabal way
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	Ft Lauderdale FL 33326
TITLE	TD	3.1 TITLE	☒ Change ☐ Addition
NAME	LIEBERMAN, STEVAN	3.2 NAME	
STREET ADDRESS	412 BE 3RD AVE	3.3 STREET ADDRESS	1430 NW 72 ave
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Plantation FL 33313
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	VALLADERES, ANA	4.2 NAME	
STREET ADDRESS	412 NE 3RD AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Treas 1/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000800