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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000644 (6)

1. Corporation Name

INDIAN TRACE EDUCATION FOUNDATION, INC.

Principal Place of Business

1430 NW 72ND AVE.
PLANTATION FL 33313
US

Mailing Address

1430 NW 72ND AVE.
PLANTATION FL 33313-5340
US3. Date Incorporated or Qualified
12/08/19923a. Date of Last Report
01/24/1996

2. Principal Place of Business

21 11360 WAYNE DR
Suite, Apt. #, etc.

2a. Mailing Address

26 11360 WAYNE DR
Suite, Apt. #, etc.

4. FEI Number

65-0373295

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

City & State

23 COOPER CITY FL

City & State

28 COOPER CITY FL

Zip

24 33026

Country

25 US

Zip

29 33026

Country

30 US

9. Name and Address of Current Registered Agent

LIEBERMAN, STEVAN
1430 NW 72ND AVE.
PLANTATION FL 33313

10. Name and Address of New Registered Agent

81 Name

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

83 11360 WAYNE DR

84 City

COOPER CITY

FL

85 Zip Code

33026

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 PD ☐ DELETE
NAME HEADLEY, CHARLES
STREET ADDRESS 412 NE 3RD AVE
CITY-ST-ZIP FT. LAUDERDALE FLTITLE VD ☐ DELETE
NAME CASANOVA, DEBBIE
STREET ADDRESS 485 SABAL WAY
CITY-ST-ZIP FT. LAUDERDALE FLTITLE TD ☐ DELETE
NAME LIEBERMAN, STEVAN
STREET ADDRESS 1430 NW 72ND AVE.
CITY-ST-ZIP PLANTATION FLTITLE SD ☐ DELETE
NAME VALLADERES, ANA
STREET ADDRESS 412 NE 3RD AVE
CITY-ST-ZIP FT. LAUDERDALE FLTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS 11360 WAYNE DR
3.4 CITY-ST-ZIP COOPER CITY FL 330264.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Stevan Lieberman
TREASURER 2/25/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034919

CR2E037 (9/96)