


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N93000002976	
1. Entity Name THE ASSOCIATION OF PARENTS AND TEACHERS OF THE LEARNING EXPERIENCE SCHOOL, INC.	

Principal Place of Business 536 CORAL WAY CORAL GABLES, FL 33134	Mailing Address 536 CORAL WAY CORAL GABLES, FL 33134
--	--

DO NOT WRITE IN THIS SPACE



01182005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0424649	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FELDMAN, BENNETT G 2655 LEJEUNE ROAD SUITE 541 CORAL GABLES, FL 33134	
---	--

DO NOT WRITE
IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when rechartering)	DATE _____
--	---	------------

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000207834 02/01/05-80063-002 61.25
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FELDMAN, KATHERINE 3575 MATHESON AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SALTER, MARY 10361 S.W. 140TH STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHPD FOLEY, LLOYD 6445 SW 94 STREET MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Katherine G. Feldman</i>	Katherine G. Feldman	<i>1-28-05</i>	305-714-1823
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>