


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2007 8:00 am
Secretary of State

08-09-2007 90053 020 ****70.00

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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0424649	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FELDMAN, BENNETT G 2655 LEJEUNE ROAD SUITE 541 CORAL GABLES, FL 33134				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FELDMAN, KATHERINE		NAME	TO MERSHON, DAPHNE	
STREET ADDRESS	3575 MATHESON AVE.		STREET ADDRESS	6270 SW 41 ST.	
CITY-ST-ZIP	MIAMI, FL 33133		CITY-ST-ZIP	MIAMI, FL 33155	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SALTER, MARY		NAME		
STREET ADDRESS	10361 S.W. 140TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33176		CITY-ST-ZIP		
TITLE	CHPD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERNANDEZ, ANTONIO		NAME	CHPD	
STREET ADDRESS	7425 SW 79 COURT		STREET ADDRESS	MAGNET MOGUL, ALESIA	
CITY-ST-ZIP	MIAMI, FL 33143		CITY-ST-ZIP	918 CALBIRA AVE.	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Daphne Mershon</u>			8/2 2007 305-447-1907		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		