2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000089

1. Entity Name
FRIENDS OF PUBLIC EDUCATION, INC.

Principal Place of Business	Mailing Address
NORTH BEACH ELEM 4100 PRAIRE AVE MIAMI BEACH, FL 33140	NORTH BEACH ELEM 4100 PRAIRE AVE MIAMI BEACH, FL 33140

DO NOT WRITE IN THIS SPACE

03092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
65-0481047
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KALLMAN, MIRANDA
C/O FRIENDS OF NORTH BEACH
4100 PRARIE AVE
MIAMI BEACH, FL 33140

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000104127
047005Q4-80085-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WEITHORN, J. DEEDE
STREET ADDRESS	1130 STILLWATER DR
CITY-ST-ZIP	MIAMI BEACH, FL
TITLE	D
NAME	ROSENSTEIN, EMILY
STREET ADDRESS	4586 ALTON RD
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	D
NAME	ALBERT, CYNTHIA
STREET ADDRESS	4540 NORTH MICHIGAN AVENUE
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	P
NAME	KALLMAN, MIRANDA
STREET ADDRESS	631 ISLAND RD
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	D
NAME	LEIBOWITZ, MATTHEW
STREET ADDRESS	8 W. RIVO ALTO DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	DV
NAME	LEIBOWITZ, DEBRA
STREET ADDRESS	8 W. RIVO ALTO DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33139

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12. I 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 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: Miranda Kallman Miranda Kallman 4.2.04 305.401.1173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #