2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90125 003 ****61.25

DOCUMENT # N94000000089

1. Entity Name
FRIENDS OF PUBLIC EDUCATION, INC.

50034248

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

01182005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

7. Name and Address of New Registered Agent

Name: Cindy B Hill
Street Address (P.O. Box Number is Not Acceptable): c/o Friends of North Beach
4100 Praire Ave
City: Miami Beach FL Zip Code: 33140

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, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WERTHORN, J. DEEDE 1130 STILLWATER DR MIAMI BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Cindy B. Hill 4045 Sheridan Ave Miami Beach FL 33140	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSENSTEIN, EMILY 4586 ALTON RD MIAMI BEACH, FL 33140	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Brenda Schwartz 80 North Hibiscus Ave Miami Beach, FL 33139	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALBERT, CYNTHIA 4540 NORTH MICHIGAN AVENUE MIAMI BEACH, FL 33140	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KALLMAN, MIRANDA 631 ISLAND RD MIAMI, FL 33137	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEIBOWITZ, MATTHEW 8 W. RIVO ALTO DR. MIAMI BEACH, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV LEIBOWITZ, DEBRA 8 W. RIVO ALTO DR. MIAMI BEACH, FL 33139	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ Cindy Bosco Hill President 3/14/05 305 532-3239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #