


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91006 038 ****61.25

DOCUMENT # N97000003314					
1. Entity Name MIAMI SHORES/BARRY UNIVERSITY "CONNECTED LEARNING COMMUNITY" (CLC), INC.					
Principal Place of Business 11441 N.W. 2ND AVE. PORTABLE 1 MIAMI SHORES, FL 33168			Mailing Address 11441 N.W. 2ND AVE. PORTABLE 1 MIAMI SHORES, FL 33168		
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 65-0770873	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent POST, KEITH 200 SE 1ST STREET SUITE 1100 MIAMI, FL 33131-2104				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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)					
Filing Fee is \$61.25 Due by May 1, 2004		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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HEFFERNAN, WILLIAM 351 NORTHEAST 105 ST MIAMI, FL 33138 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KELLEY, CHRISTOPHER 11098 BISCAYNE BLD. STE. 205 MIAMI, FL 33161 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COBB, CHARLES 11300 NORTHEAST SECOND AVE. MIAMI SHORES, FL 33161 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIROTA, GREG 200 S BISCAYNE BLVD STE 5120 MIAMI, FL 33131 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, MELODY 126 NE 93 ST. MIAMI, FL 33138 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PICHE, EVELYN PH.D 11300 NORTHEAST SECOND AVE. MIAMI SHORES, FL 33161 <div style="text-align: right;"><input type="checkbox"/> Delete</div>			<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <u>Sr. Evelyn Piche</u> <i>[Signature]</i> <u>22/2004 (305) 899-3649</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Attachment

24067417

#N9700000314

Title Name Street Address City, ST - Zip	D Jorge Ardura 2366 S.W. 6 St. Apt# 3110 Miami, FL 33161	Change X Addition
Title Name Street Address City, ST - Zip	D Spero Canton 1025 N.E. 98 St. Miami Shores, FL 33138	Change X Addition
Title Name Street Address City, ST - Zip	D Hon. Wendell Graham 3100 Ponce De Leon Blvd. Coral Gables, FL 33134	Change X Addition
Title Name Street Address City, ST - Zip	D Dr. Elaine Liftin 16705 Sapphire Springs Weston, FL 33331	Change X Addition
Title Name Street Address City, ST - Zip	D Jacqueline McGlone 11300 N.E. 2 Ave. - P.O. Box 105 Miami Shores, FL 33161	Change X Addition
Title Name Street Address City, ST - Zip	D Gepsie Morisett-Metellus 74 N.W. 108 St. Miami Shores, FL 33168	Change X Addition
Title Name Street Address City, ST - Zip	D Barbara Quinaz 87 N.E. 93 St. Miami, FL 33138	Change X Addition
Title Name Street Address City, ST - Zip	D Dr. Johnathan Rose 1259 N.W. 98 St. Miami Shores, FL 33138	Change X Addition
Title Name Street Address City, ST - Zip	D Kay Spitzer P.O. Box 220650 Hollywood, FL 33022	Change X Addition
Title Name Street Address City, ST - Zip	D Dr. Maria Stallions 11300 N.E. 2 Ave. - Attn: School of Ed. Miami Shores, FL 33161	Change X Addition