

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003424

FILED
Apr 27, 2005
Secretary of State

Entity Name: FLORIDA INDEPENDENT SCHOOL ASSOCIATION, INC.

Current Principal Place of Business:

5651 SW 82 AVE. ROAD
MIAMI, FL 33143

New Principal Place of Business:

8790 S.W. 94TH STREET
MIAMI, FL 33176

Current Mailing Address:

5651 SW 82 AVE. ROAD
MIAMI, FL 33143

New Mailing Address:

8790 S.W. 94TH STREET
MIAMI, FL 33176

FEI Number: 65-0720110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, SHANNON
C/O THE LEARNING EXPERIENCE SCHOOL
5651 SW 82 AVE. RD
MIAMI, FL 33143 US

Name and Address of New Registered Agent:

BAIL, TERESA
C/O EDUCATIONAL ALTERNATIVES
8790 S.W. 94TH STREET
MIAMI, FL 33176 US

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.

SIGNATURE: TERESA BAIL

04/27/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAMPBELL, SHANNON
Address: 5651 SW 82 AVE ROAD
City-St-Zip: MIAMI, FL 33143

Title: VD () Delete
Name: FRAZIER, LUCILLE
Address: 15000 SW 92 AVE.
City-St-Zip: MIAMI, FL 33176

Title: TD () Delete
Name: WALDBILLIG, SHARON
Address: 17700 SW 280 ST
City-St-Zip: HOMESTEAD, FL 33031

Title: SD () Delete
Name: MORENO, ROSE M
Address: 16400 SW 147 AVE.
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FARRELL, L.R. DR.
Address: 4631 HWY 441 SOUTH
City-St-Zip: RENTZ, GA 31075

Title: VP (X) Change () Addition
Name: BAIL, TERESA
Address: 8790 S.W. 94TH STREET
City-St-Zip: MIAMI, FL 33176

Title: TD (X) Change () Addition
Name: FRAZIER, LUCILLE
Address: 15000 S.W. 92ND AVENUE
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERESA BAIL

VP

04/27/2005

Electronic Signature of Signing Officer or Director

Date