## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000003424

Jul 23, 2007 Secretary of State

Entity Name: FLORIDA INDEPENDENT SCHOOL ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

8790 S.W. 94TH STREET 16400 S.W. 147 AVENUE

MIAMI, FL 33176 MIAMI, FL 33187

**Current Mailing Address: New Mailing Address:** 

8790 S.W. 94TH STREET 16400 S.W. 147 AVENUE

MIAMI, FL 33176 MIAMI, FL 33187

FEI Number: 65-0720110 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAIL, TERESA C/O EDUCATIONAL ALTERNATIVES

16400 S.W. 147 AVENUE 8790 S.W. 94TH STREET MIAMI, FL 33187 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: ROSE MARY MORENO 07/23/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MORENO, ROSE MARY M.ED.

(X) Change ( ) Addition () Delete BAIL, TERESA MORENO, ROSE MARY M.ED Name: Name: 8790 S.W. 94TH STREET Address: 10500 S.W. 122 STREET Address: City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33176

Title: Title: (X) Change ( ) Addition ( ) Delete

Name: FRAZIER, LUCILLE Name: BAIL, STEPHEN Address: 15000 S.W. 92ND AVENUE Address: 10950 S.W. 34 STREET City-St-Zip: MIAMI, FL 33176 City-St-Zip: MIAMI, FL 33065

Title: () Delete Title: (X) Change ( ) Addition MORENO, ROSE M Name: FRAZIER, LUCILLE Name:

16400 SW 147 AVE. 15000 S.W. 92ND AVENUE Address: Address:

City-St-Zip: MIAMI, FL 33187 City-St-Zip: MIAMI, FL 33176

Title: () Delete Title: SD ( ) Change (X) Addition Name: Name: MORENO, JAQUELINE PHD 16400 S.W. 147 AVEENUE Address: Address: City-St-Zip:

City-St-Zip: MIAMI, FL 33187

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Ρ SIGNATURE: ROSE MARY MORENO 07/23/2007