

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003424

FILED
Apr 18, 2009
Secretary of State

Entity Name: FLORIDA INDEPENDENT SCHOOL ASSOCIATION, INC.

Current Principal Place of Business:

16400 S.W. 147 AVENUE
MIAMI, FL 33187

New Principal Place of Business:

10950 SW 34TH ST
MIAMI, FL 33165

Current Mailing Address:

16400 S.W. 147 AVENUE
MIAMI, FL 33187

New Mailing Address:

10950 SW 34TH ST
MIAMI, FL 33165

FEI Number: 65-0720110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORENO, ROSE MARY M.ED.
16400 S.W. 147 AVENUE
MIAMI, FL 33187 US

Name and Address of New Registered Agent:

BAIL, STEPHEN D M.A.
10950 SW 34TH ST.
MIAMI, FL 33165 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: STEPHEN D BAIL

04/18/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MORENO, ROSE MARY M.ED
Address: 10500 S.W. 122 STREET
City-St-Zip: MIAMI, FL 33176

Title: VP () Delete
Name: BAIL, STEPHEN
Address: 10950 S.W. 34 STREET
City-St-Zip: MIAMI, FL 33065

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

Title: SD () Delete
Name: MORENO, JAQUELINE PHD
Address: 16400 S.W. 147 AVEENUE
City-St-Zip: MIAMI, FL 33187

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAIL, STEPHEN D M.A.
Address: 10950 SW 34TH STREET
City-St-Zip: MIAMI, FL 33165

Title: VP (X) Change () Addition
Name: BUTTERFIELD, CINDY
Address: 1901 PARK MEADOWS DRIVE
City-St-Zip: FT. MEYERS, FL 33907

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

Title: S (X) Change () Addition
Name: HERLOCK, JEAN
Address: 1901 PARK MEADOWS DRIVE
City-St-Zip: FT. MEYERS, FL 33907

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.

SIGNATURE: STEPHEN D BAIL

P

04/18/2009

Electronic Signature of Signing Officer or Director

Date