2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Apr 14, 2003 8:00 am
Secretary of State
03-24-2003 90654 033 ****70.00

DOCUMENT # N97000003424

1. Entity Name
FLORIDA INDEPENDENT SCHOOL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
536 CORAL WAY CORAL GABLES FL 33134	536 CORAL WAY CORAL GABLES FL 33134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5651 SW 82 Ave Road	5651 SW 82 Ave Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Miami	
City & State: FL	City & State: Miami FL
Zip: 33143 Country: Miami-Dade	Zip: 33143 Country: Miami Dade

4. FEI Number 65-0720110 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~WORSHAM, NANCY~~
~~C/O THE GROWING PLACE~~
~~536 CORAL WAY~~
~~CORAL GABLES FL 33134~~

7. Name and Address of New Registered Agent

Name: Shannon Campbell
Street Address (P.O. Box Number is Not Acceptable): C/O The Learning Experience School
5651 SW 82 Ave Rd
City: Miami FL Zip Code: 33143

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: Shannon Campbell 2-03-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

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	PD FARRELL, LOUIS R 28800 SW 152ND AVENUE HOMESTEAD FL 33033	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Shannon Campbell 5651 SW 82 Ave Road Miami, FL 33143	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LONSTEIN, ANITA 3275 W OAKLAND PARK BLVD FORT LAUDERDALE FL 33311	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Pres Lucille Frazier 15000 SW 92 Ave Miami FL 33176	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD WALDBILLIG, SHARON 17700 SW 280 ST HOMESTEAD FL 33031	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SANCHEZ, CARIDAD 6825 SW 127 AVE MIAMI FL 33183	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec. Rosemary Morend 16400 SW 147 Ave Miami FL 33187	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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: Shannon Campbell 2/03/03 305-279-9811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #