

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007139

FILED
Apr 13, 2009
Secretary of State

Entity Name: SOUTH FLORIDA ACADEMY OF LEARNING, INC.

Current Principal Place of Business:

4640 N.W. 74TH PLACE
COCONUT CREEK, FL 33073 US

New Principal Place of Business:

Current Mailing Address:

4640 N.W. 74TH PLACE
COCONUT CREEK, FL 33073 US

New Mailing Address:

FEI Number: 65-0635581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GANSBURG, BAILA
7530 LYONS RD
COCONUT CREEK, FL 33073 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: GANSBURG, BAILA
Address: 7530 LYONS RD
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: D () Delete
Name: BERNSTEIN, ADELE
Address: 852 EASTERN PKWY
City-St-Zip: BKLYN, NY 11213 US

Title: D () Delete
Name: GANSBURG, MENACHEM
Address: 1490 PRESIDENT ST.
City-St-Zip: BROOKLYN, NY 11213 US

Title: D () Delete
Name: KIEVMAN, DEVORAH
Address: 1835 NE MIAMI GARDENS DR.
City-St-Zip: N. MIAMI BEACH, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: BAILA GANSBURG

VPS

04/13/2009

Electronic Signature of Signing Officer or Director

_____ Date