

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009126

FILED
Apr 22, 2009
Secretary of State

Entity Name: NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF MIAMI-DADE COUNTY, INC.

Current Principal Place of Business:

GOREN, CHEROF DOODY & EZROL, P.A.
3099 EAST COMMERCIAL BLVD. #200
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

GOREN, CHEROF DOODY & EZROL, P.A.
3099 EAST COMMERCIAL BLVD. #200
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-4274479 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KLAHR, JULIE F
3099 EAST COMMERCIAL BLVD.
SUITE 200
FORT LAUDERDALE, FL 33308 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: CD () Delete
Name: LANDY, LISA
Address: 1 SOUTHEAST 3RD AVENUE, 25TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: ALI, IMRAN
Address: 9032 TIFFANY DRIVE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: BALDWIN, GILDA
Address: 2500 SOUTHWEST 75TH STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: BUTCHEY, DEANNE
Address: 11200 SOUTHWEST 8TH STREET
City-St-Zip: MIAMI, FL 33199

Title: D (X) Delete
Name: LYNCH, ANTOINETTE
Address: 11200 SOUTHWEST 8TH STREET, RB 240A
City-St-Zip: MIAMI, FL 33199

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: LYNCH, ANTOINETTE
Address: 11200 SOUTHWEST 8TH STREET, RB 240A
City-St-Zip: MIAMI, FL 33199

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: LISA LANDY

CD

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date