

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 23, 2009  
Secretary of State

DOCUMENT# N08000009130

Entity Name: NEW ALTERNATIVE EDUCATION HIGH SCHOOL OF BROWARD 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:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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: WASSERMAN, STEVE  
Address: 1000 CORPORATE DRIVE #100  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D                      ( ) Delete  
Name: AKITI, JOHN  
Address: 14966 SOUTHWEST 33RD STREET  
City-St-Zip: DAVIE, FL 33331

Title: D                      ( ) Delete  
Name: BESNER, HILDA  
Address: 915 MIDDLE RIVER DRIVE #204  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D                      ( ) Delete  
Name: DAVIS, CYNTHIA  
Address: 5012 NORTHWEST 54TH STREET  
City-St-Zip: COCONUT CREEK, FL 33073

Title: D                      ( ) Delete  
Name: HOTTE, ANNE  
Address: 1640 WEST OAKLAND PARK BLVD. #400  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: D                      ( ) Delete  
Name: SAN JUAN, MARIA  
Address: ONE FINANCIAL PLAZA #1200  
City-St-Zip: FORT LAUDERDALE, FL 33311

**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:

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: STEVE WASSERMAN

CD

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date