

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720773

Entity Name: ASSOCIATION OF INDEPENDENT SCHOOLS OF FLORIDA, INC.**FILED**
Feb 08, 2016
Secretary of State
CC7935249030**Current Principal Place of Business:**1001 WEST CYPRESS CREEK RD
SUITE 320 C
FORT LAUDERDALE, FL 33309**Current Mailing Address:**6800 NERVIA ST
CORAL GABLES, FL 33146 US**FEI Number: 59-2393307****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COHEN, PETER
6800 NERVIA ST
CORAL GABLES, FL 33146 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title VD
Name DEMPSEY, JUDY
Address 5451 SW 64 AVE.
City-State-Zip: DAVIE FL 33314Title TD
Name COHEN, PETER
Address 6800 NERVIA ST
City-State-Zip: CORAL GABLES FL 33146Title PD
Name LUNA, CHARALINE DR.
Address 650 EAST AIRPORT BLVD.
City-State-Zip: SANFORD FL 32773Title SD
Name MCGHEE, JAMES JR
Address 14850 SW 67 AVE
City-State-Zip: MIAMI FL 33158Title VD
Name HYMAN, SUSAN
Address 18001 NW 22 AVE
City-State-Zip: MIAMI FL 33056Title D
Name DIAZ, MARIBEL
Address 12975 SW 6 ST.
City-State-Zip: MIAMI FL 33184Title DIRECTOR
Name ALLISON, SARAH
Address 1881 NE 164 ST
City-State-Zip: N. MIAMI BEACH FLTitle DIRECTOR
Name BAPTISTE, AFUA
Address 4645 N. STATE RD. 7
City-State-Zip: LAUDERDALE LAKES FL**Continues on page 2**

I hereby 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 all other like empowered.

SIGNATURE: PETER COHEN**TREASURER****02/08/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DIAZ-ZUBIETA, CAROL
Address 12975 SW 6 ST
City-State-Zip: MIAMI FL

Title DIRECTOR
Name LAURIE, DOUGLAS
Address 12200 WEST BROWARD BLVD
City-State-Zip: PLANTATION FL

Title DIRECTOR
Name RICON, MERCEDES
Address 10545 SW 97 AVE
City-State-Zip: MIAMI FL

Title DIRECTOR
Name DUARTE-ROMERO, GINA
Address 1600 SOUTHWEST 57TH AVENUE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name FEIN, GARY
Address 6210 SOUTH CONGRESS AVENUE
City-State-Zip: LANTANA FL 33462

Title DIRECTOR
Name FLANDERS-RAMOS, ROWENA
Address 1450 CITRUS OAKS AVE
City-State-Zip: GOTHA FL

Title DIRECTOR
Name LEVY, EZRA
Address 18900 NE 25 AVE
City-State-Zip: N. MIAMI BEACH FL

Title DIRECTOR
Name RICON, MERCHY
Address 10545 SW 97 AVE
City-State-Zip: MIAMI FL

Title DIRECTOR
Name BENITEZ, DANIEL
Address 19200 PINES BOULEVARD
City-State-Zip: PEMBROKE PINES FL 33029

Title DIRECTOR
Name LATORRE, ANITA
Address 12200 WEST BROWARD BOULEVARD
City-State-Zip: PLANTATION FL 33325