

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009126

**FILED**  
**Apr 14, 2016**  
**Secretary of State**  
**CC7566879283**

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

**Current Principal Place of Business:**

4500 PGA BLVD  
SUITE 302  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4500 PGA BLVD  
SUITE 302  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 26-4274479**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WOOD, JEFFREY S  
ONE FINANCIAL PLAZA  
SUITE 2602  
FORT LAUDERDALE, FL 33394 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: JEFFREY S WOOD**

**04/14/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name SCHATZ, DEBBIE  
Address 251 SW 63RD TERRACE  
City-State-Zip: PLANTATION FL 33317

Title DT  
Name PAUL, IRA  
Address 18495 NW 78TH AVENUE  
City-State-Zip: HIALEAH FL 33015

Title DS  
Name BETHEL, CHARLES G  
Address 8441 NW 197TH TERRACE  
City-State-Zip: HIALEAH FL

Title DC  
Name BRACY, STEVEN F  
Address 5101 CENTRAL GARDENS WAY #202  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title D  
Name RUSSELL, JENNIFER  
Address 442 SAVOIE DRIVE  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: STEVEN BRACY**

**DC**

**04/14/2016**

Electronic Signature of Signing Officer/Director Detail

Date