

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

DOCUMENT# N97000007139

**FILED**  
**Mar 01, 2016**  
**Secretary of State**  
**CC8035171689**

**Entity Name:** SOUTH FLORIDA ACADEMY OF LEARNING, INC.

**Current Principal Place of Business:**

3700 COCONUT CREEK PKWY  
COCONUT CREEK, FL 33066

**Current Mailing Address:**

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

**FEI Number:** 65-0635581

**Certificate of Status Desired:** No

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

GANSBURG, BAILA  
7530 LYONS RD  
COCONUT CREEK, FL 33073 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 VPS  
Name GANSBURG, BAILA  
Address 7530 LYONS RD  
City-State-Zip: COCONUT CREEK FL 33073

Title D  
Name BERNSTEIN, ADELE  
Address 852 EASTERN PKWY  
City-State-Zip: BKLYN NY 11213

Title D  
Name GANSBURG, MENACHEM  
Address 1490 PRESIDENT ST.  
City-State-Zip: BROOKLYN NY 11213

Title D  
Name KIEVMAN, DEVORAH  
Address 1835 NE MIAMI GARDENS DR.  
City-State-Zip: N. MIAMI BEACH FL 33179

*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:** BAILA GANSBURG

VPS

03/01/2016

Electronic Signature of Signing Officer/Director Detail

Date