

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002082

FILED
Jan 07, 2009
Secretary of State

Entity Name: CLARION COUNCIL FOR EDUCATIONAL GREATNESS, INC.

Current Principal Place of Business:

6278 N FEDERAL HWY STE 115
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

6278 N FEDERAL HWY STE 115
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 26-2123915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWER, TANYA L ESQ
C/O TRIPP SCOTT, P.A.
110 S.E. 6TH STREET, 15TH FLOOR
FORT LAUDERDALE, FL 33301 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: D () Delete
Name: ALBA, DAVID
Address: 6278 N FEDERAL HWY STE 115
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: D () Delete
Name: WEISHEYER, TIMOTHY P
Address: 1660 PLEASANT HILL ROAD
City-St-Zip: KISSIMMEE, FL 34746

Title: D () Delete
Name: NILES, CHRISTOPHER D
Address: 5901 NE 22 WAY
City-St-Zip: FORT LAUDERDALE, FL 33308

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:

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: DAVID M. ALBA

D

01/07/2009

Electronic Signature of Signing Officer or Director

Date