

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46323

FILED
Apr 28, 2012
Secretary of State

Entity Name: PARENTS INVOLVED IN EDUCATION, INC.

Current Principal Place of Business:

GIFFORD YOUTH ACTIVITY CENTER
4855 43RD AVE.
VERO BEACH, FL 32967 US

New Principal Place of Business:

381 A DEL MONTE ROAD
SEBASTIAN, FL 32958 US

Current Mailing Address:

381 DEL MONTE ROAD
UNITE A
SEBASTIAN, FL 32958 US

New Mailing Address:

FEI Number: 59-3146886 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PULLIAM, MILLICENT
381 DEL MONTE ROAD
UNIT A
SEBASTIAN, FL 32958 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: P
Name: HENRY-PULLIAM, MILLICENT E
Address: 381 DEL MONTE ROAD, UNIT A
City-St-Zip: SEBASTIAN, FL 32958

Title: V
Name: POWELL, ANNIE L
Address: 4606 30TH AVE
City-St-Zip: VERO BEACH, FL

Title: T
Name: PICKNEY, RACHELL
Address: 2820 41ST STREET
City-St-Zip: VERO BEACH, FL

Title: D
Name: POWELL, ANNIE L
Address: 4606 30TH AVE.
City-St-Zip: VERO BEACH, FL

Title: S
Name: PETERSON, CONSTANCE
Address: 4855 43RD AVENUE
City-St-Zip: VERO BEACH, FL 32967

Title: D
Name: PINKNEY, RACHEL
Address: 2820 41ST ST.
City-St-Zip: VERO BEACH, FL

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: MILLICENT E. HENRY-PULLIAM

P

04/28/2012

Electronic Signature of Signing Officer or Director

_____ Date