

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000425

FILED
Apr 22, 2006
Secretary of State

Entity Name: SUNSHINE STATE TEACHERS OF ENGLISH TO SPEAKERS OF OTHER LANGUAGES (TESOL) OF FLORIDA, INC.

Current Principal Place of Business:

7220 RUE NOTRE DAME
MIAMI BEACH, FL 33141

New Principal Place of Business:

Current Mailing Address:

7220 RUE NOTRE DAME
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 59-1846978 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHUEMANN, CYNTHIA M
7220 RUE NOTRE DAME
MIAMI BEACH, FL 33141 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 () Delete
Name: LINDOR, SUZE
Address: 5451 NW MANVILLE DR.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: 1VP () Delete
Name: CARMONA, JOSE
Address: 42 BALLENGER LANE
City-St-Zip: PALM COAST, FL 32137

Title: 2VP () Delete
Name: MORALES-JONES, CARMEN
Address: 9865-A PECAN TREE DR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: TD () Delete
Name: SCHUEMANN, CYNTHIA M
Address: 7220 RUE NOTRE DAME
City-St-Zip: MIAMI BEACH, FL 33141

Title: SD () Delete
Name: ACOSTA, SARA
Address: 31225 WRENCREST DR.
City-St-Zip: WESLEY CHAPEL, FL 33543

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARMONA, JOSE
Address: 230 PONCE DE LEON BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: 1VP (X) Change () Addition
Name: MORALES-JONES, CARMEN
Address: 9865-A PECAN TREE DR.
City-St-Zip: BOYNTON BEACH, FL 33436

Title: 2VP (X) Change () Addition
Name: PEREZ-PRADO, AIXA
Address: FLORIDA INTERNATIONAL UNIVERSITY
City-St-Zip: MIAMI, FL 33167

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 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: CYNTHIA M. SCHUEMANN

TD

04/22/2006

Electronic Signature of Signing Officer or Director

Date