2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

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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: THOMPSON, ROGER
Address: 1912 NW 39TH TERR
City-St-Zip: GAINESVILLE, FL 32605

Title: 1VP ( ) Delete
Name: JACKMAN, ANN
Address: 8057 MONSERRAT, PL
City-St-Zip: WELLINGTON, FL 33414

Title: 2VP ( ) Delete
Name: HANCOCK, SANDRA
Address: 4005 SW 26TH DRIVE, UNIT D
City-St-Zip: GAINESVILLE, FL 32608

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

Title: SD ( ) Delete
Name: DAWKINS, NORA
Address: 21300 N. MIAMI AVE
City-St-Zip: MIAMI, FL 33I69

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JACKMAN, ANN
Address: 8057 MONSERRAT, PL
City-St-Zip: WELLINGTON, FL 33414

Title: 1VP (X) Change ( ) Addition
Name: HANCOCK, SANDRA
Address: 4005 SW 26TH DRIVE, UNIT D
City-St-Zip: GAINESVILLE, FL 32608

Title: 2VP (X) Change ( ) Addition
Name: DAWKINS, NORA
Address: 21300 N. MIAMI AVE
City-St-Zip: MIAMI, FL 33I69

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: GENTILLI, SALLY
Address: 1604 INVERNESS RD.
City-St-Zip: LYNN HAVEN, FL 32444

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: CYNTHIA M. SCHUEMANN TD 03/20/2009

Electronic Signature of Signing Officer or Director — Date