

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714203

Entity Name: CHILDREN'S EDUCATIONAL SERVICES, INC.**Current Principal Place of Business:**12276 SAN JOSE BLVD.
SUITE 528
JACKSONVILLE, FL 32223**Current Mailing Address:**450-106 STATE ROAD 13 NORTH
#211
SAINT JOHNS, FL 32259 US**FEI Number: 59-1216794****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BROACH, LARRY K
12276 SAN JOSE BLVD.
SUITE 528
JACKSONVILLE, FL 32223 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:** LARRY K BROACH**04/14/2015**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, VP, SECRETARY
Name BROACH, TINA L
Address 12276 SAN JOSE BLVD.
SUITE 528
City-State-Zip: JACKSONVILLE FL 32223

Title CHAIRMAN, CEO, PRESIDENT
Name BROACH, LARRY K
Address 2950 HALCYON LANE
UNIT 404
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR, VP, TREASURER
Name WEAD, RICH JOSEPH
Address 12276 SAN JOSE BLVD.
SUITE 528
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name PARKER, CHRISTOPHER WARREN
Address 12276 SAN JOSE BLVD.
SUITE 528
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR EMERITUS
Name WEAD, BRANNEN ELIZABETH
Address 12276 SAN JOSE BLVD.
SUITE 528
City-State-Zip: JACKSONVILLE FL 32223

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: LARRY KENT BROACH**PRESIDENT/CEO****04/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date