

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714203

Entity Name: CHILDREN'S EDUCATIONAL SERVICES, INC.

Current Principal Place of Business:

2950 HALCYON LANE
UNIT 404
JACKSONVILLE, FL 32223

Current Mailing Address:

2950 HALCYON LANE
UNIT 404
JACKSONVILLE, FL 32223 US

FEI Number: 59-1216794

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROACH, LARRY KPRES
2950 HALCYON LANE
UNIT 404
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, TREASURER
Name BROACH, TINA L
Address 2950 HALCYON LANE, UNIT 404
City-State-Zip: JACKSONVILLE FL 32223

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

Title VPD
Name WEAD, BRANNEN B
Address 2950 HALCYON LANE, UNIT 404
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name FOSTER, KATHY A
Address 2950 HALCYON LANE
UNIT 404
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name HOLLIDAY, PETER
Address 2950 HALCYON LANE
UNIT 404
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 K. BROACH

PRESIDENT

03/01/2013

Electronic Signature of Signing Officer/Director Detail

Date