

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729570

Entity Name: CHILDREN'S EDUCATION CENTER OF THE ISLAND'S, INC.**Current Principal Place of Business:**350 CASA YBEL ROAD
SANIBEL, FL 33957**Current Mailing Address:**350 CASA YBEL ROAD
SANIBEL, FL 33957 US**FEI Number:** 59-1533336**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PIKE, KERRA
350 CASA YBEL ROAD
SANIBEL, FL 33957 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:** CINDY C DECOSTA

03/11/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name KOPP, KELLY
Address 350 CASA YBEL ROAD
City-State-Zip: SANIBEL FL 33957

Title OTHER, SECRETARY
Name SIMCOX, MAARI
Address 350 CASA YBEL ROAD
City-State-Zip: SANIBEL FL 33957

Title PRESIDENT
Name STEWART, NITA
Address 350 CASA YBEL RD.
City-State-Zip: SANIBEL FL 33957

Title VP
Name BRAUN, JENNIFER
Address 350 CAST YBEL RD.
City-State-Zip: SANIBEL FL 33957

Title DIRECTOR
Name PIKE, KERRA
Address 350 CASA YBEL RD
City-State-Zip: SANIBEL FL 33957

Title OTHER
Name MURPHY, ANDREA
Address 350 CASA YBEL ROAD
City-State-Zip: SANIBEL FL 33957

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: NITA STEWART**PRESIDENT**

03/11/2022

Electronic Signature of Signing Officer/Director Detail

Date