

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003072

Entity Name: EXCEPTIONAL EDUCATION OUTREACH, INC.**Current Principal Place of Business:**650 NE 67 ST
MIAMI, FL 33138**Current Mailing Address:**650 NE 67 ST
MIAMI, FL 33138 US**FEI Number: 30-0070498****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**HUDEPOHL, LANG LMRS.
650 NE 67 ST.
MIAMI, FL 33138 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 MRS.
Name HUDEPOHL, LANG L
Address 650 NE 67ST
City-State-Zip: MIAMI FL 33138

Title MS.
Name FINCHER, JANE
Address 720 NE 69TH STREET
City-State-Zip: MIAMI FL 33138

Title MS.
Name COSGRIFF, KARLA
Address 720 NE 69TH STREET APT15W
City-State-Zip: MIAMI FL 33138

Title MR.
Name BROWNING, NATHAN
Address 248 WASHINGTON AVE
City-State-Zip: MIAMI BEACH FL 33139

Title MS.
Name EASTON- MONTES, ELIZABETH
Address 590 W 49TH ST
City-State-Zip: MIAMI BEACH FL 33140

Title MRS.
Name DELIDDO, EMILY
Address 720 NE 69TH ST
City-State-Zip: MIAMI FL 33138

Title MRS.
Name JACKSON, GRETCHEN MRS.
Address 546 STREET ROAD
City-State-Zip: WEST GROVE PA 19390

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: LANG HUDEPOHL**EEO FOUNDER/
DIRECTOR****02/26/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date