## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0400005689

Entity Name: FLORIDA COUNCIL OF PRIVATE COLLEGES, INC.

**FILED** Apr 27, 2024 **Secretary of State** 5323291580CC

## **Current Principal Place of Business:**

41 N. 20TH STREET,

A17

HAINES CITY, FL 33844-4638

## **Current Mailing Address:**

41 N. 20TH STREET.

A17

HAINES CITY, FL 33844-4638 US

FEI Number: 90-0927430 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

LEE, EARLE E DR 41 N. 20TH STREET,

A17

HAINES CITY, FL 33844-4638 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: DR. EARLE E. LEE 04/27/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** 

Name LEE, EARLE E DR Name BROWN, SANTARVIS DR

41 N 20TH STREET, Address 17531 NORTHWEST 47TH AVENUE Address

A17

MIAMI GARDENS FL 33055 City-State-Zip: City-State-Zip: HAINES CITY FL 33844-4638

LEGAL COUNSEL Title Title SECRETARY, SPANISH LIASON

Name NELSON, FREDERICK H

Name LAFFITTE, JOHN DR Address 11911 EGRET BLUFF Address 9353 SW 152 AVE. City-State-Zip: CLERMONT FL 34711

MIAMI FL 33196 City-State-Zip:

Title VΡ

HUMPHREYS, DANIEL Name

Address 25400 US HWY 19 NORTH, SUITE 150

CLEARWATER FL 33763 City-State-Zip:

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: DR. EARLE E.LEE

P, RA

04/27/2024