

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000005689

**Entity Name:** FLORIDA COUNCIL OF PRIVATE COLLEGES, INC.

**Current Principal Place of Business:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 33844-4638

**Current Mailing Address:**

41 N. 20TH STREET, #17  
HAINES CITY, FL 33844-4638 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LEE, EARLE EDR  
41 N. 20TH STREET, #17  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title P  
Name LEE, EARLE EDR  
Address 41 N 20TH STREET, # 17  
City-State-Zip: HAINES CITY FL 33844-4638

Title D  
Name BROWN, SANTARVIS DR  
Address 17531 NORTHWEST 47TH AVENUE  
City-State-Zip: MIAMI GARDENS FL 33055

Title D  
Name LAFFITTE, JOHN DR  
Address 9353 SW 152 AVE.  
City-State-Zip: MIAMI FL 33196

Title ESQ.  
Name NELSON, FREDERICK H  
Address 11911 EGRET BLUFF  
City-State-Zip: CLERMONT FL 34711

Title D  
Name RODRIGUEZ, BENNY DR.  
Address 5950 LAKEHURST DR., SUITE 101  
City-State-Zip: ORLANDO FL 32819

*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

**PRESIDENT**

**04/14/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date