

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008982

Entity Name: PIVOT EDUCATION, INC.

Current Principal Place of Business:

2675 WINKLER AVENUE
200
FORT MYERS, FL 33901

FILED
Mar 03, 2014
Secretary of State
CC9386138366

Current Mailing Address:

2675 WINKLER AVENUE
200
FORT MYERS, FL 33901

FEI Number: 27-1680083

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WOOD, JEFFREY S. ESQ.
ONE FINANCIAL PLAZA, SUITE 2602
FT. LAUDERDALE, FL 33394 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: JEFFREY S. WOOD

03/03/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name CARD, CHRIS DR.
Address 2805 SAN RAFAEL ST
City-State-Zip: TAMPA FL 33629

Title D
Name EADS, CAROLYN
Address 1821 PICCADILLY CIRCLE
City-State-Zip: CAPE CORAL FL 33991

Title D
Name FAINGOLD, LINDA
Address 16416 LAKE HEATHER DRIVE
City-State-Zip: TAMPA FL 33618

Title D
Name WATKINS, PAMELA
Address 304 COUNTRY VINEYARD DRIVE
City-State-Zip: VALRICO FL 33594

Title DIRECTOR
Name DENT, WILLYE MA ESQ.
Address 5334 VAN DYKE RD
City-State-Zip: LUTZ FL 33558

Title OTHER
Name COMBS, ANGELA DR.
Address 1670 NW 56TH DR
110
City-State-Zip: CORAL SPRINGS FL 33076

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. ANGELA COMBS

OTHER

03/03/2014

Electronic Signature of Signing Officer/Director Detail

Date