## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008982

Entity Name: PIVOT EDUCATION, INC.

**Current Principal Place of Business:** 

3627A WEST WATERS AVENUE

TAMPA FL 33614

**Current Mailing Address:** 

3627A WEST WATERS AVENUE TAMPA FL 33614 US

FEI Number: 27-1680083 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CFRA, LLC 100 SOUTH ASHLEY DRIVE SUITE 400 TAMPA FL 33602 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

FILED Feb 09, 2016

**Secretary of State** 

CC0641039828

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

NameCARD, CHRIS DR.NameYARBOROUGH, DAVIDAddress5901 PRINTERY ST,Address18602 LE DAUPHINE PLACE

City-State-Zip: TAMPA FL 33616 City-State-Zip: LUTZ FL 33558

TitleDIRECTORTitleDIRECTORNameDIXON, DON DR.NameKNOTT, BILL

Address 10519 FIRE OAK CT Address 1900 SW 35TH AVE

City-State-Zip: RIVERVIEW FL 33578 City-State-Zip: FT. LAUDERDALE FL 33312

Title OTHER Title DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Name COMBS, ANGELA DR. Name STACY, VIRGINIA

Address 1670 NW 56TH DR Address 12699 STONE VALLEY LOOP

110 City-State-Zip: FT. MYERS FL 33913

City-State-Zip: CORAL SPRINGS FL 33076

Title DIRECTOR

Name GUELZOW, JIM

Address 5513 RAVEN CT

City-State-Zip: TAMPA FL 33625

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: CHRIS CARD DIRECTOR 02/09/2016