

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003933

**Entity Name:** SCHOLAR CAREER COACHING, INC.

**FILED**  
**Feb 08, 2023**  
**Secretary of State**  
**1235037504CC**

**Current Principal Place of Business:**

3601 N. MILITARY TRAIL  
LYNN UNIVERSITY COWORKING CENTER SUITE 308  
BOCA RATON, FL 33431

**Current Mailing Address:**

PO BOX 7733  
DELRAY BEACH, FL 33482-7733 US

**FEI Number: 46-2987394**

**Certificate of Status Desired: Yes**

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

GASSANT, WIDELINE  
3601 N. MILITARY TRAIL  
LYNN UNIVERSITY COWORKING CENTER THIRD FLOOR SUITE 308  
BOCA RATON, FL 33431 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            CEO  
Name            GASSANT, WIDELINE  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title            SECRETARY  
Name            MYERS, LAURIE  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title            TREASURER  
Name            RABINSKY, LISA  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title            PRESIDENT  
Name            RUIZ, EDDIE DR.  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title            VP  
Name            EBANKS, GILLIAN KNOWLES  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title            DIRECTOR  
Name            GUZMAN, MARIO  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title            DIRECTOR  
Name            BASTOS, JORGE  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title            DIRECTOR  
Name            SHERRIFF, DANIELLE ESQ.  
Address        PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

**Continues on page 2**

*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: WIDELINE GASSANT**

**EXECUTIVE DIRECTOR**

**02/08/2023**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name KOMITOR, SHELLEY  
Address PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title DIRECTOR  
Name MARTINS, VALESKA  
Address PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733

Title DIRECTOR  
Name WILLIAMS, V. DANIELLE  
Address PO BOX 7733  
City-State-Zip: DELRAY BEACH FL 33482-7733