# above, or on an attachment with all other like empowered.

SIGNATURE: STEVEN C SCHAFER

City-State-Zip: LAFAYETTE CO 80026-9998

Electronic Signature of Signing Officer/Director Detail

#### 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N1500000290

Entity Name: SPEECH ACADEMIE ETALON INTERNATIONAL BY R.A. SNEZHKO, INC.

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

11420 US HIGHWAY 1 SUITE 107 NORTH PALM BEACH, FL 33408

# **Current Mailing Address:**

11420 US HIGHWAY 1 **SUITE 107** NORTH PALM BEACH, FL 33408

# FEI Number: 47-3026541

# Name and Address of Current Registered Agent:

DEETER, ANNA CEO 11420 US HIGHWAY 1 SUITE 107 NORTH PALM BEACH, FL 33408 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

### **Officer/Director Detail :**

	Title	Ρ	Title	D
	Name	DEETER, ANNA	Name	SNEZHKO, ROMAN A
	Address	11420 US HIGHWAY 1 SUITE 107	Address	11420 US HIGHWAY 1 SUITE 107
	City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	NORTH PALM BEACH FL 33408
	Title	С	Title	С
	The	C	THE	8
	Name	DEETER, JOHN D	Name	SANDMAN-SCHAFER, SANDY J
	Address	11420 US HIGHWAY 1 SUITE 107	Address	P.O. BOX 263
	City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	LAFAYETTE CO 80026-9998
	Title	С		
	Name	SCHAFER, STEVEN C		
	Address	P.O. BOX 263		

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

FILED Jan 18, 2018 Secretary of State CC2666826346

Date

Certificate of Status Desired: No

01/18/2018

BOARD MEMBER