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

SIGNATURE: SHERMANDA RAMSAY

Electronic Signature of Signing Officer/Director Detail

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

#### DOCUMENT# N17000006586

#### Entity Name: REHABILITATION EDUCATION FOUNDATION, INC.

## Current Principal Place of Business:

1001 MAYPORT ROAD #331156 ATLANTIC BEACH, FL 32233

## **Current Mailing Address:**

1001 MAYPORT ROAD #331156 ATLANTIC BEACH, FL 32233

## FEI Number: APPLIED FOR

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

ANDERSON-RAMSAY, SHERMANDA 1001 MAYPORT ROAD #331156 ATLANTIC BEACH, FL 32233 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:

# Officer/Director Detail :

Title	Ρ	Title	ADV
Name	RAMSAY, SHERMANDA	Name	RAMSAY, ALEXANDER
Address	PO BOX 331156	Address	PO BOX 331156
City-State-Zip:	ATLANTIC BEACH FL 32233	City-State-Zip:	ATLANTIC BEACH FL 32233

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

PRESIDENT

FILED Apr 28, 2018 Secretary of State CC7689323343

Certificate of Status Desired: No

04/28/2018

Date

Date