

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001549

Entity Name: ADAMS EDUCATIONAL CENTER, INC.**Current Principal Place of Business:**ADAMS EDUCATIONAL CENTER, INC.
1800 W. WASHINGTON ST.
ORLANDO, FL 32805**Current Mailing Address:**ADAMS EDUCATIONAL CENTER, INC.
1800 W. WASHINGTON ST.
ORLANDO, FL 32805**FEI Number: 59-3462744****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ADAMS, RUTHA M
110 S ORTMAN DR
ORLANDO, FL 32805 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 D
Name ADAMS, FRED
Address 110 S. ORTMAN DR
City-State-Zip: ORLANDO FL 32805Title D
Name JACKSON, MARILYN
Address 4818 ROLLING OAK DRIVE
City-State-Zip: ORLANDO FL 32818Title DS
Name ADAMS, BARBARA J
Address 110 S. ORTMAN DR
City-State-Zip: ORLANDO FL 32805Title DVT
Name BROWN, CHERYL
Address 14214 LAGOON COVE LN
City-State-Zip: WINTER GARDEN FL 34787Title P
Name ADAMS, RUTHA M
Address 110 S. ORTMAN DR
City-State-Zip: ORLANDO FL 32805

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: CHERYL BROWN**DVT****03/20/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date