

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002852

Entity Name: SHARON SCHOOL OF EXCELLENCE, INC.**Current Principal Place of Business:**6741 PEMBROKE RD
PEMBROKE PINES, FL 33023**Current Mailing Address:**P.O. BOX 278422
MIRAMAR, FL 33027 US**FEI Number:** 65-0667019**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PARRISH, SHERRON
3541 SW 144TH STREET
MIRAMAR, FL 33027 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	PD
Name	PARRISH, CARL D
Address	3541 SW 144TH AVE
City-State-Zip:	MIRAMAR FL 33027

Title	EVP
Name	SCOTT, ELIZABETH
Address	3541 SW 144TH AVE
City-State-Zip:	MIRAMAR FL 33027

Title	D
Name	MITCHELL, ROYANNE
Address	5935 DEL LAGO CIRCLE, 202
City-State-Zip:	SUNRISE FL 33313

Title	DIR
Name	PERKINS, MARY
Address	2001 NW 191 STREET
City-State-Zip:	MIAMI FL 33056

Title	FOUNDER-CEO
Name	PARRISH, SHERRON DR
Address	3541 SW 144TH AVE
City-State-Zip:	MIRAMAR FL 33027

Title	D
Name	ASIAMAH, ERIC
Address	6741 PEMBROKE RD
City-State-Zip:	PEMBROKE PINES FL 33023

Title	2ND VICE PRESIDENT
Name	IHENETU, CHUKWUDI DR.
Address	6741 PEMBROKE RD
City-State-Zip:	PEMBROKE PINES FL 33023

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: SHERRON PARRISH**PRESIDENT****04/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date