

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000062489

Entity Name: EDUCATIONAL VENTURES, INC.**Current Principal Place of Business:**240 WAVELAND STREET
SUITE B
PENSACOLA, FL 32503**Current Mailing Address:**BOX 19100
PENSACOLA, FL 32523-9100 US**FEI Number:** 59-3391234**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WELTON, DONALD MR
8537 JORDAN RD
BAKER, FL 32531 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:** DONALD WELTON

03/20/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SHOEMAKER, TROY DR
Address 250 BRENT LANE
City-State-Zip: PENSACOLA FL 32503

Title DIRECTOR
Name CRAWFORD, BEVERLY MRS
Address 1533 LORD RD
City-State-Zip: COMMERCE GA 30530

Title SECRETARY, DIRECTOR
Name WELTON, DONALD MR
Address 8537 JORDAN RD
City-State-Zip: BAKER FL 32531

Title TREASURER
Name EAST, BEN MR
Address 3401 MARCUS POINT BLVD
City-State-Zip: PENSACOLA FL 32505

Title PRESIDENT, DIRECTOR
Name RAINES, JOHNNY MR
Address 75 MATTIE CT
City-State-Zip: MANFIELD GA 30055

Title DIRECTOR
Name SCOTT, SULLIVAN MR
Address 641 E COPELAND DR
City-State-Zip: POWELL TN 37849

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BEN EAST

TREASURER

03/20/2017

Electronic Signature of Signing Officer/Director Detail

Date