

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702402

Entity Name: SOUTH FLORIDA EDUCATION CENTER INC

FILED  
Jan 23, 2004  
Secretary of State

**Current Principal Place of Business:**

%NOVA SOUTHEASTERN UNIVERSITY  
3301 COLLAGE AVE. AVP  
FT. LAUDERDALE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

%NOVA SOUTHEASTERN UNIVERSITY  
3301 COLLAGE AVE. AVP  
FT. LAUDERDALE, FL 33314

**New Mailing Address:**

FEI Number: 59-1002552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANTULLI, JOHN J II  
C/O NOVA SOUTHEASTERN UNIVERSITY  
3301 COLLEGE AVENUE  
DAVIE, FL 33314 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DANIEL R BOEGLI,  
Address: 6500 NOVA DR  
City-St-Zip: DAVIE, FL 33314

Title: TS ( ) Delete  
Name: SANTULLI, JOHN J  
Address: 3301 COLLEGE AVE.  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: STEPHENS, JOYANNE  
Address: 2912 COLLEGE AVE.  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: WADDILL, VAN  
Address: 3205 COLLEGE AVE  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Delete  
Name: BOLTON, LOIS  
Address: 3501 COLLEGE AVE  
City-St-Zip: DAVIE, FL 33314

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JOHN J. SANTULLI, II.

TS

01/23/2004

Electronic Signature of Signing Officer or Director

Date