

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 702402

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** SOUTH FLORIDA EDUCATION CENTER INC

**Current Principal Place of Business:**

%NOVA SOUTHEASTERN UNIVERSITY  
3301 COLLEGE AVE. VP  
FT. LAUDERDALE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

%NOVA SOUTHEASTERN UNIVERSITY  
3301 COLLEGE AVE. VP  
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: PT  
Name: SANTULLI, JOHN J  
Address: 3301 COLLEGE AVE.  
City-St-Zip: DAVIE, FL 33314

Title: S  
Name: GOLDMAN, LYNN  
Address: 6500 NOVA DR.  
City-St-Zip: DAVIE, FL 33314

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

Title: D  
Name: ELLIOT, MONICA  
Address: 3205 COLLEGE AVE  
City-St-Zip: DAVIE, FL 33314

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

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: JOHN J. SANTULLI, II.

PT

02/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date