

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714203

FILED  
Feb 07, 2012  
Secretary of State

**Entity Name:** CHILDREN'S EDUCATIONAL SERVICES, INC.

**Current Principal Place of Business:**

3697 CROWN POINT CT  
SUITE 2  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

2950 HALCYON LANE  
UNIT 404  
JACKSONVILLE, FL 32223 US

**Current Mailing Address:**

3697 CROWN POINT CT  
SUITE 2  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

2950 HALCYON LANE  
UNIT 404  
JACKSONVILLE, FL 32223 US

**FEI Number:** 59-1216794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROACH, LARRY K PRES  
3697 CROWN POINT CT  
JACKSONVILLE, FL 32257 US

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

BROACH, LARRY K PRES  
2950 HALCYON LANE  
UNIT 404  
JACKSONVILLE, FL 32223 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: LARRY K. BROACH

02/07/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: BROACH, TINA L  
Address: 2950 HALCYON LANE, UNIT 404  
City-St-Zip: JACKSONVILLE, FL 32223

Title: CPD  
Name: BROACH, LARRY K  
Address: 2950 HALCYON LANE, UNIT 404  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VPD  
Name: WEAD, BRANNEN B  
Address: 2950 HALCYON LANE, UNIT 404  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: D  
Name: DARM, TOMMIE B DR.  
Address: 2950 HALCYON LANE, UNIT 404  
City-St-Zip: JACKSONVILLE, FL 32223 US

Title: TD  
Name: FOSTER, KATHY A  
Address: 2950 HALCYON LANE, UNIT 404  
City-St-Zip: JACKSONVILLE, FL 32223 US

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: LARRY K. BROACH

CPD

02/07/2012

Electronic Signature of Signing Officer or Director

Date