# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# 726831

**Entity Name:** EDUCATIONAL SERVICES CONSORTIUM, INC.

**Current Principal Place of Business:**

6050 SHADY LANE
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

6050 SHADY LANE
TALLAHASSEE, FL 32309 US

**New Mailing Address:**

**FEI Number: 23-7318045** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

SNYDER, WILLIAM R
6050 SHADY LANE
TALLAHASEE, FL 32309 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: PD ( ) Delete
Name: SNYDER, WILLIAM R
Address: 6050 SHADY LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: VSD ( ) Delete
Name: DAWSON, JOEL
Address: 1615 SEMINOLE DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: T ( ) Delete
Name: RAIFORD, SIMMIE
Address: 3301 CAMERON CHASE DR
City-St-Zip: TALLAHASSEE, FL 32309

Title: TR ( ) Delete
Name: SNYDER, KATHRYN C
Address: 6050 SHADY LN
City-St-Zip: TALLAHASSEE, FL 32309

Title: TR ( ) Delete
Name: MORRIS, EMORY
Address: 2530 PINERIDGE RD
City-St-Zip: TALLAHASSEE, FL 32308

**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 exemption stated in Chapter 119, 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: WILLIAM R. SNYDER PRES 04/13/2009

Electronic Signature of Signing Officer or Director — Date