2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 AM
Secretary of State

DOCUMENT # 858471

1. Entity Name
SOUTHEASTERN CENTER FOR ELECTRICAL ENGINEERING EDUCATION, INC.

Principal Place of Business	Mailing Address
1101 MASSACHUSETTS AVENUE ST. CLOUD, FL 34769	1101 MASSACHUSETTS AVENUE ST. CLOUD, FL 34769

01132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-7365171
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EVERETT, WOODROW W JR
% GAR MEMORIAL HALL
1101 MASSACHUSETTS AVE
ST. CLOUD, FL 34769

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	MARSHAK, A. H.
STREET ADDRESS	1101 MASSACHUSETTS AVE.
CITY-ST-ZIP	ST. CLOUD, FL
TITLE	SD
NAME	DEVGAN, S S
STREET ADDRESS	1101 MASSACHUSETTS AVE
CITY-ST-ZIP	ST CLOUD, FL
TITLE	D
NAME	EVERETT, WOODROW W JR
STREET ADDRESS	1101 MASSACHUSETTS AVE
CITY-ST-ZIP	SAINT CLOUD, FL 34769
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000600589
01/26/07-80014-021 70.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Woodrow W. Everett Jr. 1/16/2007 (804) 742-5611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WOODROW W. EVERETT, JR.