

**F2200000003104**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.  
Account Number : I20160000017  
Phone : (855)498-5500  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FOREIGN PROFIT/NONPROFIT CORPORATION  
THE CREATIVE EDUCATION FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2022 MAY 18 AM 10:52

2022 MAY 18 AM 9:31  
SECRETARY OF THE  
TALLAHASSEE FLORIDA

FILED

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:*

1. The Creative Education Foundation, Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 16-0849832  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 10/1954 5. \_\_\_\_\_  
(Date of Incorporation) (Date of duration, if other than perpetual)

6. upon qualification  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)

7. 46 Watch Hill Drive, Scituate, MA 02066  
(Principal office street address)

(Current mailing address, if different)

8. training in creative problem solving process  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Capitol Corporate Services, Inc.

Office Address: 515 East Park Avenue Floor 2  
Tallahassee, Florida 32301  
(City) (Zip Code)

10. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

*Taylor Seay*

Taylor Seay, Asst. Sec. on behalf  
of Capitol Corporate Services, Inc.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE FLORIDA

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

### A. DIRECTORS

☒ Chairman Name: Liz Monroe-Cook  
☐ Vice Chairman Address: 46 Watch Hill Drive  
☐ Director Scituate, MA 02066  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Mary Wisenski, CPA  
☐ Vice Chairman Address: 46 Watch Hill Drive  
☐ Director Scituate, MA 02066  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☒ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Denise Johnson  
☒ Vice Chairman Address: 46 Watch Hill Drive  
☐ Director Scituate, MA 02066  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Greg Shoemaker  
☐ Vice Chairman Address: 46 Watch Hill Drive  
☐ Director Scituate, MA 02066  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☒ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☐ Other: \_\_\_\_\_

☐ Chairman Name: Judy Bernstein  
☐ Vice Chairman Address: 46 Watch Hill Drive  
☐ Director Scituate, MA 02066  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☒ Other: Trustee

☐ Chairman Name: Nicole Cassarino-Colon  
☐ Vice Chairman Address: 46 Watch Hill Drive  
☐ Director Scituate, MA 02066  
☐ President \_\_\_\_\_  
☐ Vice President \_\_\_\_\_  
☐ Secretary \_\_\_\_\_ ☐ Treasurer \_\_\_\_\_  
☐ Other: \_\_\_\_\_ ☒ Other: Trustee

**NOTE: Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

/s/ Liz Monroe-Cook, Chair

13. \_\_\_\_\_  
 (Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Liz Monroe-Cook, Chair  
 (Typed or printed name and capacity of person signing application)

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	THE CREATIVE EDUCATION FOUNDATION, INC.
DOS ID Number:	88703
Entity Type:	DOMESTIC NOT-FOR-PROFIT CORPORATION
Entity Status:	EXISTING
Date of Initial Filing with DOS:	02/18/1954

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,  
at the City of Albany, on May 17, 2022 at 05:31 P.M.

ROBERT J. RODRIGUEZ, Secretary of State

*Brendan C. Hughes*

By Brendan C. Hughes  
Executive Deputy Secretary of State

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