

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005894 (9)

1. Corporation Name

CONTINUING EDUCATION OF SC, INC.



Principal Place of Business

**PO BOX 3212
BRANDON FL 33509-3212**

Mailing Address

**PO BOX 3212
BRANDON FL 33509-3212**

3. Date Incorporated or Qualified
12/04/1995

3a. Date of Last Report

2. Principal Place of Business

21 917 Symphony Isles Blvd

Suite, Apt. #, etc.

22

City & State

23 Apollo Beach FL

Zip

24 33572

Country

25 USA

2a. Mailing Address

26 917 Symphony Isles Blvd

Suite, Apt. #, etc.

27

City & State

28 Apollo Beach FL

Zip

29 33572

Country

30 USA

4. FEI Number

57-0988170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAJOR, NAN E.P.
917 SYMPHONY ISLES BLVD
APOLLO BCH FL 33570**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

[Signature]
Signature of individual or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-10-96

DATE

12. OFFICERS AND DIRECTORS

TITLE **DCP** ☐ DELETE
NAME **MAJOR, NAN**
STREET ADDRESS **917 SYMPHONY ISLES BLVD**
CITY-ST-ZIP **APOLLO BCH FL 33570**

TITLE **D** ☐ DELETE
NAME **YALICKI, STANLEY**
STREET ADDRESS **208 ROSE CREEK LN**
CITY-ST-ZIP **COLUMBIA SC 29223**

TITLE **V** ☐ DELETE
NAME **SEYMOUR, SCOTT**
STREET ADDRESS **6418 US HWY**
CITY-ST-ZIP **APOLLO BCH FL 33570**

TITLE **S** ☐ DELETE
NAME **WYCOFF, LISA**
STREET ADDRESS **202 LOOKOUT DR**
CITY-ST-ZIP **APOLLO BCH FL 33570**

TITLE **T** ☐ DELETE
NAME **MEEHAN, SUSAN**
STREET ADDRESS **105 WOODSHORE DR**
CITY-ST-ZIP **COLUMBIA SC 29223**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAN E.P. MAJOR

3/10/96

DATE

813 641-0709

DAYTIME PHONE #

CR2E037 (12/95)