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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000005894 (9)**

1. Corporation Name

CONTINUING EDUCATION OF SC, INC.

Principal Place of Business

917 SYMPHONY ISLES BLVD
APOLLO BCH FL 33572
US

Mailing Address

917 SYMPHONY ISLES BLVD
APOLLO BCH FL 33572
US



3. Date Incorporated or Qualified

12/04/1995

4. FEI Number

57-0988170

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	MAJOR, NAN	
STREET ADDRESS	917 SYMPHONY ISLES BLVD	
CITY-ST-ZIP	APOLLO BCH FL 33570	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YALICKI, STANLEY	
STREET ADDRESS	208 ROSE CREEK LN	
CITY-ST-ZIP	COLUMBIA SC 29223	

TITLE	V	<input type="checkbox"/> DELETE
NAME	SEYMOUR, SCOTT	
STREET ADDRESS	6418 US HWY	
CITY-ST-ZIP	APOLLO BCH FL 33570	

TITLE	S	<input type="checkbox"/> DELETE
NAME	WYCOFF, LISA	
STREET ADDRESS	202 LOOKOUT DR	
CITY-ST-ZIP	APOLLO BCH FL 33570	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MEEHAN, SUSAN	
STREET ADDRESS	1760 MCSWAIN DRIVE	
CITY-ST-ZIP	WEST COLUMBIA SC	

TITLE		<input type="checkbox"/> 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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/98

813 641-0109

Date

Daytime Phone #

CR2E037 (10/97)