

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005894

FILED
Sep 09, 2005
Secretary of State

Entity Name: CONTINUING EDUCATION OF SC, INC.

Current Principal Place of Business:

917 SYMPHONY ISLES BLVD
APOLLO BCH, FL 33572 US

New Principal Place of Business:

Current Mailing Address:

917 SYMPHONY ISLES BLVD
APOLLO BCH, FL 33572 US

New Mailing Address:

FEI Number: 57-0988170 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MAJOR, NAN E.P.
917 SYMPHONY ISLES BLVD
APOLLO BCH, FL 33572 US

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: NAN MAJOR

09/09/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DCP () Delete
Name: MAJOR, NAN
Address: 917 SYMPHONY ISLES BLVD
City-St-Zip: APOLLO BCH, FL 33570

Title: T () Delete
Name: CISSY, BARR
Address: GRAN KAYMEN WAY
City-St-Zip: APOLLO BEACH, FL 33572

Title: S () Delete
Name: DIANNE, SPARKES
Address: 7509 REGENTS GARDEN WAY
City-St-Zip: APOLLO BCH, FL 33572

Title: () Delete
Name:
Address:
City-St-Zip:

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: S () Change (X) Addition
Name: WORTNER, LISA
Address: 915 SYMPHONY ISLES BLVD
City-St-Zip: APOLLO BEACH, FL 33572 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NAN MAJOR

DCP

09/09/2005

Electronic Signature of Signing Officer or Director

Date