

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002443

FILED
May 16, 2005
Secretary of State

Entity Name: CONDUCTIVE EDUCATION CENTER OF ORLANDO, INC.

Current Principal Place of Business:

4800 HOWELL BRANCH ROAD
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

4800 HOWELL BRANCH ROAD
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 59-3711800 **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:

HUMPHRIES, J. GREGORY
300 S. ORANGE AVE., STE. 1000
ORLANDO, FL 328013373 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RAYMOND, JOE R JR
Address: 4074 SCARLET IRIS PLACE
City-St-Zip: WINTER PARK, FL 32792

Title: DS () Delete
Name: HUMPHRIES, J. GREGORY
Address: 300 S ORANGE AVE, SUITE 1000
City-St-Zip: ORLANDO, FL 32801

Title: D () Delete
Name: RAYMOND, VICKI
Address: 4074 SCARLET IRIS PLACE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DT (X) Change () Addition
Name: SIMS, LORI
Address: 1400 W FAIRBANKS AVE, SUITE 102
City-St-Zip: WINTER PARK, FL 32789

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOE RAYMOND, JR.

DP

05/16/2005

Electronic Signature of Signing Officer or Director

Date