FILED

2003 NOT-FOR-PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) Sep 10, 2003 8:00 am Secretary of State DOCUMENT # N0100002943 1. Entity Name 09-10-2003 90060 034 ****70.00 THE ELECT CHILDREN ACADEMY, INC. Principal Place of Business Mailing Address 1500 PALM BAY RD. NE 1500 PALM BAY RD. NE PALM BAY FL 32905 PALM BAY FL 32905 2. Principal Place of Business ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number 59-3719501 Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADSHAW, CATHY W Street Address (P.O. Box Number is Not Acceptable) 609 GILBERT DR. NE PALM BAY FL 32907 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. After September 10, 2003, min will be \$236.25 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Addition TITLE ☐ Delete TITLE SINFECTOR Change BRADSHAW, CATHY W NAME NAME IN YOUNG 609 GILBERT DR. NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP PALM BAY FL 32907 ☐ Delete TITLE Change TITLE BRADSHAW, CRAIG A SR. NAME NAME 609 GILBERT DR. NE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BAY FL 32907 Delete -. Change THOMAS, ALVIN JR. HELLE SCOTT LAWRENCE NAME NAME 1034 GRANT ST STREET ADDRESS STREET ADDRESS RADISSON ST, CITY-ST-7IF CITY-ST-7IP FELLSMERE FL 32948 TITLE Delete TITLE Addition NAME NAME ANTINA SCHAEFFER LAUGHTER LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP , VA TITLE ☐ Delete TITI F Change NAME NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if ith an address, with all other like empowered. LATHY W. BRADSHAW-PRES.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP