


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90027 028 \*\*\*\*61.25

<b>DOCUMENT # N01000007007</b>					
<b>1. Entity Name</b> EDUCATION CENTER OF SOUTHWEST FLORIDA, INC.					
<b>Principal Place of Business</b> 13-B N. MISSOURI ST. LABELLE, FL 33935			<b>Mailing Address</b> POST OFFICE BOX 183 LABELLE, FL 33975		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1151989	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
WILKINS, JULIE 41 HAMPTON AVE LABELLE, FL 33935			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PCD <b>NAME</b> HUGHES, NORMAN <b>STREET ADDRESS</b> 998 10TH NW <b>CITY-ST-ZIP</b> MOORE HAVEN, FL 33471	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 370 EAST PARK AVE S.E. <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VCVP <b>NAME</b> YORASCHEK, GERI <b>STREET ADDRESS</b> P.O. BOX 1760 <b>CITY-ST-ZIP</b> LABELLE, FL 339751760	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 1081 RIVERBEND DRIVE <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SD <b>NAME</b> GROVES, JANICE <b>STREET ADDRESS</b> 250 N. LEE ST. <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WILKINS, JULIE <b>STREET ADDRESS</b> 41 HAMPTON AVE <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 41 HAMPTON AVE. <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PED <b>NAME</b> KEYES, PHILLIP <b>STREET ADDRESS</b> P.O. BOX 128 <b>CITY-ST-ZIP</b> LABELLE, FL 339750128	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b> 320 FRASER AVE. <b>CITY-ST-ZIP</b> LABELLE, FL 33935	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Julie C. Wilkins</i>			1-12-05 863-615-6800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		
Julie C. Wilkins, Treasurer					