

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90056 024 \*\*\*\*61.25

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|--|--|--|--|--|--|
| <b>DOCUMENT # N01000007007</b>   |  |  |  |  |  |
| <b>1. Entity Name</b><br>EDUCATION CENTER OF SOUTHWEST FLORIDA, INC.   |  |  |  |  |  |
| <b>Principal Place of Business</b><br>13-B N. MISSOURI ST.<br>LABELLE, FL 33935  |  |  | <b>Mailing Address</b><br>POST OFFICE BOX 183<br>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  |  | Country  |  | City   |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>WILKINS, JULIE<br>41 HAMPTON AVE<br>LABELLE, FL 33935  |  |  |  | <b>7. Name and Address of New Registered Agent</b><br>Name: <u>GAGNE, DAWN</u><br>Street Address (P.O. Box Number is Not Acceptable):<br><u>1323 JAMES AVE</u><br><u>LEHIGH ACRES,</u><br>City: <u>FL</u> Zip Code: <u>33972</u> |  |
| <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> <u>DAWN GAGNE</u><br>SIGNATURE: <u><i>Dawn Gagne Administrative Assistant</i></u> DATE: <u>2/27/06</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |  |  |  |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |  | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |  |  |  |  |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PCD<br>HUGHES, NORMAN<br>370 EAST PARK AVE S.E.<br>MOORE HAVEN, FL 33471 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | PCD<br>YORASCHEK, GERI<br>1081 RIVERBEND DRIVE<br>LABELLE, FL 33935  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VCV<br>YORASCHEK, GERI<br>1081 RIVERBEND DRIVE<br>LABELLE, FL 33935      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | VCV<br>PATERNO, JOE<br>34311 WALDEN CENTER DR.<br>BONITA SPRINGS, FL 34134   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br>GROVES, JANICE<br>250 N. LEE ST.<br>LABELLE, FL 33935              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | SD<br>GROVES, JANICE<br>250 N. LEE ST.<br>LABELLE, FL 33935  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>WILKINS, JULIE<br>41 HAMPTON AVE<br>LABELLE, FL 33935              | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | TD<br>WILKINS, JULIE<br>41 HAMPTON AVE<br>LABELLE, FL 33935  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PED<br>KEYES, PHILLIP<br>320 FRASER AVE<br>LABELLE, FL 33935             | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | PED<br>HUGHES, NORMAN<br>370 EAST PARK AVE SE<br>MOORE HAVEN, FL 33471   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PED<br>HUGHES, NORMAN<br>370 EAST PARK AVE SE<br>MOORE HAVEN, FL 33471   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                     | PED<br>HUGHES, NORMAN<br>370 EAST PARK AVE SE<br>MOORE HAVEN, FL 33471   | <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 exemptions contained in Chapter 119, 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 lists empowered.</b> |  |  |  |  |  |
| <b>SIGNATURE:</b> <u><i>G. Yorachek</i></u>  |  |  | 2/27/06 863-675-6800<br><small>Date Daytime Phone #</small>        |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  |  |  |  |