

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007007

FILED
Jan 07, 2008
Secretary of State

Entity Name: EDUCATION CENTER OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

13-B N. MISSOURI ST.
LABELLE, FL 33935

New Principal Place of Business:

4930 SR HWY 29S
LABELLE, FL 33935

Current Mailing Address:

POST OFFICE BOX 183
LABELLE, FL 33975

New Mailing Address:

FEI Number: 65-1151989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRARA, TERRY
340 6TH AVE
LABELLE, FL 33935 US

Name and Address of New Registered Agent:

HUGHES, NORMAN L CEO
4930 SR HWY 29 S
LABELLE, FL 33935 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: NORMAN L. HUGHES

01/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PCD () Delete
Name: YORASCHEK, GERI
Address: 1081 RIVERBEND DR
City-St-Zip: LABELLE, FL 33935

Title: VCV () Delete
Name: PATERNO, JOE
Address: 24311 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: GROVES, JANICE
Address: 250 N. LEE ST.
City-St-Zip: LABELLE, FL 33935

Title: TD () Delete
Name: WILKINS, JULIE
Address: 41 HAMPTON AVE
City-St-Zip: LABELLE, FL 33935

Title: PED () Delete
Name: KEYES, PHILLIP
Address: 320 FRASER AVE
City-St-Zip: LABELLE, FL 33935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCV (X) Change () Addition
Name: PATERNO, JOE
Address: 9530 MARKETPLACE ROAD SUITE 104
City-St-Zip: FORT MYERS, FL 33912

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

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

Title: PED (X) Change () Addition
Name: PAPINAW, JANET E
Address: 295 TRADER ROAD
City-St-Zip: LABELLE, FL 33935

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NORMAN L. HUGHES

CEO

01/07/2008

Electronic Signature of Signing Officer or Director

Date