


# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # N01000007007</b> 1. Entity Name <b>EDUCATION CENTER OF SOUTHWEST FLORIDA, INC.</b>						<b>FILED</b>  2008 JUN -2 PM 2:55  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>4930 SR HWY 29S LABELLE, FL 33935</b>				Mailing Address <b>POST OFFICE BOX 183 LABELLE, FL 33975</b>			
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.				3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country				4. FEI Number <b>65-1151989</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b>  <b>HUGHES, NORMAN L CEO 4930 SR HWY 29 S LABELLE, FL 33935</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing 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>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD YORASCHEK, GERI 1081 RIVERBEND DR LABELLE, FL 33935 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCPV PATERNO, JOE 9530 MARKETPLACE ROAD SUITE 104 FORT MYERS, FL 33912 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED ANTHONY S. ROYAL 3800 FT DEVAUD ROAD LABELLE, Florida 33935 <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GROVES, JANICE 250 N. LEE ST. LABELLE, FL 33935 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	200130930572 06/05/08--01051--008 ***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILKINS, JULIE 41 HAMPTON AVE LABELLE, FL 33935 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED PAPINAW, JANET E 295 TRADER ROAD LABELLE, FL 33935 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 recipient of the 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>SIGNATURE:</b> <i>G. Yoraschek</i> <b>G. YORASCHEK</b>				5/30/08 863675-6800			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			