

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007007

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** EDUCATION CENTER OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

4930 SR HWY 29S  
LABELLE, FL 33935

**New Principal Place of Business:**

**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:**

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

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: PED  
Name: ROYAL, ANTHONY S  
Address: 3800 FT. DENAUD ROAD  
City-St-Zip: LABELLE, FL 33935

Title: PED  
Name: GROVES, JANICE  
Address: 250 N. LEE ST.  
City-St-Zip: LABELLE, FL 33935

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

Title: D  
Name: PATERNO, JOE  
Address: 1271 FOXTROT COURT  
City-St-Zip: NAPLES, FL 34104

I hereby 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 all other like empowered.

SIGNATURE: NORMAN L. HUGHES

CEO

01/06/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date