

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # N01000007088
1. Entity Name
COUNCIL FOR EDUCATIONAL CHANGE, INC.



Principal Place of Business 3520 S UNIVERSITY DR FORT LAUDERDALE, FL 33328	Mailing Address 3520 S UNIVERSITY DR FORT LAUDERDALE, FL 33328
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01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0638224	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

5. Name and Address of Current Registered Agent
**ROBBINS, MICHAEL
222 SE 10TH ST
FORT LAUDERDALE, FL 33316**

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIFTIN, ELAINE ED.D. 16705 SAPPHIRE SPRINGS WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COBB, CHARLES E JR 2333 PONE DE LEON BL CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPB CD SAIONTZ, STEVEN J 760 NW 107 AVE STE 300 MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB D FOOTE, EDWARD T II 1500 MONZA AVENUE STE 230 CORAL GABLES, FL 33124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VIROSTEK, GWYNN 2601 10TH AVE N LAKE WORTH, FL 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUMMELL, PETER S 1650 PRUDENTIAL DR., STE 400 JACKSONVILLE, FL 32207

100000224142
02/10/05-80070-020 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *Elaine Liftin* 2/7/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #