

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**



01182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0638224

Applied For
Not Applicable

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**

**DO NOT WRITE
IN THIS SPACE**

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

000000224142
02/10/05-80070-020 61.25

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2/7/05