

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 23, 2008 8:00 am
Secretary of State

01-23-2008 90009 032 ****61.25

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~~

3265 Meridian Pkwy, Ste 130, Weston, FL 33331

400000000



01112008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
01-0638224

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROBBINS, MICHAEL
222 SE 10TH ST
FORT LAUDERDALE, FL 33316

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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's signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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 SAPHIRE SPRINGS
CITY-ST-ZIP	WESTON, FL 33331
TITLE	SD
NAME	JOLLIVETTE, CYRUS M
STREET ADDRESS	4800 DEERFIELD CAMPUS PKWY
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	CD
NAME	SAIONTZ, STEVEN J
STREET ADDRESS	760 NW 107 AVE STE 300
CITY-ST-ZIP	MIAMI, FL 33172
TITLE	CD
NAME	MARSHALL, GENE E
STREET ADDRESS	3799 WELLINGTON PKWY
CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	TD
NAME	VIROSTEK, 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

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IN THIS SPACE**

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 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 #