

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007088

FILED
Jan 05, 2009
Secretary of State

Entity Name: COUNCIL FOR EDUCATIONAL CHANGE, INC.

Current Principal Place of Business:

3265 MERIDAN PKWY STE 130
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

3265 MERIDAN PKWY STE 130
WESTON, FL 33331

New Mailing Address:

FEI Number: 01-0638224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBINS, MICHAEL
222 SE 10TH ST
FORT LAUDERDALE, FL 33316 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: P () Delete
Name: LIFTIN, ELAINE ED.D.
Address: 16705 SAPPHERE SPRINGS
City-St-Zip: WESTON, FL 33331

Title: SD () Delete
Name: JOLLIVETTE, CYRUS M
Address: 4800 DEERFIELD CAMPUS PKWY
City-St-Zip: JACKSONVILLE, FL 32246

Title: CD () Delete
Name: SAIONTZ, STEVEN J
Address: 760 NW 107 AVE STE 300
City-St-Zip: MIAMI, FL 33172

Title: CD () Delete
Name: MARSHALL, GENE E
Address: 3799 WELLINGTON PKWY
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: VIROSTEK, GWYNN
Address: 2601 10TH AVE N
City-St-Zip: LAKE WORTH, FL 33461

Title: VPD () Delete
Name: RUMMELL, PETER S
Address: 1650 PRUDENTIAL DR., STE 400
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ELAINE LIFTIN

DR

01/05/2009

Electronic Signature of Signing Officer or Director

Date