

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010829

FILED
Feb 04, 2009
Secretary of State

Entity Name: FLORIDA UNIVERSITY OF SANITARY EDUCATION, INC.

Current Principal Place of Business:

18400 BOWMAN ROAD
SPRING HILL, FL 34610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10355
BROOKSVILLE, FL 34603

New Mailing Address:

FEI Number: 20-1900590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDGAR, WILLIAM W
18400 BOWMAN ROAD
SPRING HILL, FL 34610 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: D () Delete
Name: EDGAR, WILLIAM W
Address: 18400 BOWMAN ROAD
City-St-Zip: SPRING HILL, FL 34610

Title: D () Delete
Name: MEYERS, CHARLIE
Address: 201 INVERNESS WAY NE
City-St-Zip: WINTER HAVEN, FL 33831

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: WILLIAM W. EDGAR

D

02/04/2009

Electronic Signature of Signing Officer or Director

Date