

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010995

FILED
Jun 15, 2009
Secretary of State

Entity Name: EDUCATION & ENLIGHTENMENT GROUP, INC.

Current Principal Place of Business:

115 W CRAWFORD STREET
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

PO BOX 93220
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 75-3171990 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, JEFFREY
115 W CRAWFORD STREET
LAKELAND, FL 33805 US

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: WILLIAMS, JEFFREY
Address: 115 W CRAWFORD STREET
City-St-Zip: LAKELAND, FL 33805 US

Title: V () Delete
Name: SIMPKINS, LYNNE
Address: 2917 MARTHA AVE
City-St-Zip: LAKELAND, FL 33805 US

Title: S () Delete
Name: WRIGHT, ARDRENE
Address: 904 NEW YORK AVE
City-St-Zip: LAKELAND, FL 33805 US

Title: T () Delete
Name: JOSEPH, DEIDRA M
Address: 3579 MANOR LOOP
City-St-Zip: LAKELAND, FL 33810 US

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:

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: DEIDRA JOSEPH

T

06/15/2009

Electronic Signature of Signing Officer or Director

Date