## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001162

FILED May 13, 2009 Secretary of State

DOCONILINI# NOSOOOOT 102	Secretary of State
Entity Name: FLORIDA STATE SEMINARY, INC.	
Current Principal Place of Business:	New Principal Place of Business:
3434 N MONROE ST TALLAHASSEE, FL 32303	1900 KATHRYN SPEED CT. TALLAHASSEE, FL 32303
Current Mailing Address:	New Mailing Address:
3434 N MONROE ST TALLAHASSEE, FL 32303	1900 KATHRYN SPEED CT. TALLAHASSEE, FL 32303
FEI Number: 20-0801859 FEI Number Applied For ( ) FEI Number accordance with s. 607.193(2)(b), F.S., the corporation did not receive to	mber Not Applicable()   Certificate of Status Desired() the prior notice.
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
PETTIS, R. CHARLES 3434 N MONROE ST TALLAHASSEE, FL 32303 US	EDUCATION BASED CONSULTANTS OF AMERICA LLC 1900 KATHRYN SPEED CT. TALLAHASSEE, FL 32303 US
The above named entity submits this statement for the purpose on the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE: ABE JOHNOSN	05/13/2009
Electronic Signature of Registered Agent	Date
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D ( ) Delete  Name: PETTIS, R. CHARLES  Address: 3434 N MONROE ST  City-St-Zip: TALLAHASSEE, FL 32303  Title: ( ) Delete	Title: D (X) Change () Addition Name: PETTIS, R. CHARLES DR. Address: 3434 N MONROE ST City-St-Zip: TALLAHASSEE, FL 32303  Title: D () Change (X) Addition
Name: Address: City-St-Zip:	Name: WADE, LARRY E DR. Address: 2240 EDGEWOOD DR City-St-Zip: PANAMA CITY, FL 32405
Title: ( ) Delete Name: Address: City-St-Zip:	Title: D ( ) Change (X) Addition  Name: JOHNSON, ABE  Address: 4085 BOTHWELL TERRACE  City-St-Zip: TALLAHASSEE, FL 32317

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: DR ABE JOHNSON D 05/13/2009