

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005053

FILED
Apr 30, 2007
Secretary of State

Entity Name: PALM HARBOR EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

91 OLD KINGS RD
PALM COAST, FL 32137

New Principal Place of Business:

Current Mailing Address:

91 OLD KINGS RD
PALM COAST, FL 32137

New Mailing Address:

FEI Number: 43-2084753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBSTER, DANIEL J
149 S RIDGEWOOD AVE
STE 500
DAYTONA BEACH, FL 32114 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: T () Delete
Name: GLOVER, GILLARD S
Address: 91 OLD KINGS RD
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: LOGAN, ERNESTINE S
Address: 91 OLD KINGS RD
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: LUCKETT, ROSE S
Address: 91 OLD KINGS RD
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: MOSLEY, WILLIAM
Address: 91 OLD KINGS RD
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: MONTGOMERY, VALARIE
Address: 91 OLD KINGS RD
City-St-Zip: PALM COAST, FL 32137

Title: T () Delete
Name: HAMILTON, DELORES
Address: 91 OLD KINGS RD
City-St-Zip: PALM COAST, FL 32137

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:

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: GILLARD S GLOVER

T

04/30/2007

Electronic Signature of Signing Officer or Director

Date