


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90017 031 ****61.25

DOCUMENT # N05000005053 1. Entity Name PALM HARBOR EDUCATIONAL CENTER, INC.					
Principal Place of Business 91 OLD KINGS RD PALM COAST, FL 32137				Mailing Address 91 OLD KINGS RD PALM COAST, FL 32137	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEBSTER, DANIEL J 149 S RIDGEWOOD AVE STE 500 DAYTONA BEACH, FL 32114				Name Gillard S. Glover Street Address (P.O. Box Number is Not Acceptable) 5 Seaview Court Palm Coast City FL Zip Code 32164	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 1/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GLOVER, GILLARD S	NAME			
STREET ADDRESS	91 OLD KINGS RD	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOGAN, ERNESTINE S	NAME			
STREET ADDRESS	91 OLD KINGS RD	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUCKETT, ROSE S	NAME			
STREET ADDRESS	91 OLD KINGS RD	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOSLEY, WILLIAM	NAME			
STREET ADDRESS	91 OLD KINGS RD	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MONTGOMERY, VALARIE	NAME			
STREET ADDRESS	91 OLD KINGS RD	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HAMILTON, DELORES	NAME			
STREET ADDRESS	91 OLD KINGS RD	STREET ADDRESS			
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gillard S. Glover **GILLARD S. GLOVER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date **1/24/08** Daytime Phone # **(386) 446-5759**