

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90207 049 ****70.00

DOCUMENT # N05000010887

1. Entity Name
RISE EDUCATION SCHOOLS INC.



Principal Place of Business
4065 HAVERHILL ROAD
SUITE 257
WEST PALM BEACH, FL 33417

Mailing Address
4065 HAVERHILL ROAD
SUITE 257
WEST PALM BEACH, FL 33417

40063000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number **20-4731861**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON, CARMELLA DR.
6438 GARDEN COURT
WEST PALM BEACH, FL 33411

Name **Dr. Carmella Morton**

Street Address (P.O. Box Number is Not Acceptable)

574 Cresta Circle

City **West Palm Beach FL** Zip Code **33413**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **PRES** ☒ Delete
NAME **MORTON, CARMELLA**
STREET ADDRESS **6438 GARDEN COURT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **Pres** ☒ Change ☐ Addition
NAME **Morton, Carmella**
STREET ADDRESS **574 Cresta Circle**
CITY-ST-ZIP **West Palm Beach FL 33413**

TITLE **CHR** ☐ Delete
NAME **BOYKIN, WADE**
STREET ADDRESS **HOWARD UNIVERSITY**
CITY-ST-ZIP **WASHINGTON, DC 20008**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VCH** ☐ Delete
NAME **BOSS, MARION**
STREET ADDRESS **UNIVERSITY OF TOLEDO**
CITY-ST-ZIP **TOLEDO, OH 43606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SEC** ☒ Delete
NAME **MORTON, RICK SR.**
STREET ADDRESS **6438 GARDEN COURT**
CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

TITLE **Sec** ☒ Change ☐ Addition
NAME **Morton, Rick Sr.**
STREET ADDRESS **574 Cresta Circle**
CITY-ST-ZIP **West Palm Beach, FL 33413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/06 (601) 228-1767