2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N06000003659



FILED
Feb 28, 2007 8:00 am
Secretary of State

1. Entity Name SOUTHEAST COALITION OF ESSENTIAL SCHOOLS CENTER, INC.							02	2-28-2007 90	0004 003	****70.0	00
Principal Plac 1437 SOUTH OSPREY, FL	Mailing Address 1437 SOUTHBAY DR OSPREY, FL 34229	437 SOUTHBAY DR				φηηκασσο					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suffe, Apt. #, etc.			Suite, Apt. #, etc.			02192007 _C	thg-NP	CR2E03	7 (12/06)		
City & State		City & State	 		4. FEI Number EIN Applied For 20 -4713109 Not Applied			optied For ot Applicable			
Zip	Zip Country		Złp	Z i p Cou			5. Certificate of Status Desired X \$8.75 Additional Fee Required				
	6. Name	and Address of Current	Registered Agent		<u> </u>		7. Name and Ad	dress of New R	egistered <i>i</i>	\gent	
TRITECHI	ER SHAI	RON K			Name						
TRITSCHLER, SHARON K 1437 SOUTHBAY DR OSPREY, FL 34229					Street Ac	ddress (1	P.O. Box Number is	Not Acceptable)		
									Pi	Zip Cod	le ·
					City				FL		
	named entity ions of regist		r the purpose of changing its	mgister	red office or	register	ed agent, or both, in	the State of Flo	orlda. Iam I	amiliar with,	and accept
SIGNATURE											
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		e is \$81.25 fay 1, 2007	9. Election Ca Trust Fund	mpaign f	• ,	0	\$5.00 May Be Added to Fees			payable t	
10.		flay 1, 2007 OFFICERS AND DIF	Trust Fund	mpaign f	tion.		\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	ida Depar	tment of S	tate
10.	Due by N	Ray 1, 2007 OFFICERS AND DIF	Trust Fund	mpaign f Contribut	tion.	DIE	\$5.00 May Be Added to Fees ADDITIONS/CHANCE PECTO R	Flor SES TO OFFICE	ida Depar	tment of S	tate .
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^{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 cath; 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.