

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003659

FILED
Jan 07, 2009
Secretary of State

Entity Name: SOUTHEAST COALITION OF ESSENTIAL SCHOOLS CENTER, INC.

Current Principal Place of Business:

1437 SOUTHBAY DR
OSPREY, FL 34229

New Principal Place of Business:

168 LOOKOUT POINT DR
OSPREY, FL 34229

Current Mailing Address:

1437 SOUTHBAY DR
OSPREY, FL 34229

New Mailing Address:

168 LOOKOUT POINT DR
OSPREY, FL 34229

FEI Number: 20-4713109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRITSCHLER, SHARON K
1437 SOUTHBAY DR
OSPREY, FL 34229 US

Name and Address of New Registered Agent:

STORMS, WILLIAM A
168 LOOKOUT POINT DR
OSPREY, FL 34229 US

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: WILLIAM A. STORMS JR.

01/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BELL, SANDERS
Address: 2362 AUBREY LN
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: JONES, VALERIE
Address: 13613 - 2ND AVE NE
City-St-Zip: BRADENTON, FL 34212

Title: D () Delete
Name: KIRKEENG, DENISE
Address: 1260 COVEY CT
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: TODD, CAROL PHD
Address: 1900 THE LANDINGS
City-St-Zip: SARASOTA, FL 34231

Title: D () Delete
Name: PERALTA, PAMELA
Address: 5410 - 20TH ST
City-St-Zip: TAMPA, FL 33610

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:

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: WILLIAM A. STORMS JR.

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01/07/2009

Electronic Signature of Signing Officer or Director

Date