## 2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# N06000003659

I FILED
Jun 10, 2009
Secretary of State

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

**Current Principal Place of Business: New Principal Place of Business:** 168 LOOKOUT POINT DR 1400 54TH AVE. S OSPREY, FL 34229 ST. PETERSBURG, FL 33705 **Current Mailing Address: New Mailing Address:** 168 LOOKOUT POINT DR 1400 54TH AVE. S ST. PETERSBURG, FL 33705 OSPREY, FL 34229 FEI Number: 20-4713109 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STORMS, WILLIAM A OBERG, PETER G 924 BALSAMINA DR. 168 LOOKOUT POINT DR OSPREY, FL 34229 US BRANDON, FL 33510 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: PETER G. OBERG 06/10/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BELL, SANDERS Name: Name: 2362 AUBREY LN Address: Address: SARASOTA, FL 34231 City-St-Zip: City-St-Zip: Title: ( ) Delete Title: (X) Change ( ) Addition JONES, VALERIE Name: GRASSBERGER, ANGELA Name: Address: 13613 - 2ND AVE NE Address: 4511 1ST AVE. DRIVE, NW City-St-Zip: BRADENTON, FL 34212 City-St-Zip: BRADENTON, FL 34209 Title: () Delete Title: () Change () Addition KIRKEENG, DENISE Name: Name: Address: 1260 COVEY CT Address: City-St-Zip: VENICE, FL 34293 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: TODD, CAROL PHD Name: 1900 THE LANDINGS Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: Title: Title: () Delete () Change () Addition PERALTA, PAMELA Name: Name: 5410 - 20TH ST Address: Address: City-St-Zip: TAMPA, FL 33610 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

Title:

Name:

Address:

City-St-Zip:

above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANGELA GRASSBERGER

PRES

06/10/2009

() Delete

Title:

Name:

Address:

City-St-Zip:

( ) Change (X) Addition

HATTON, PAMELA

506 21ST AVE. NE

ST. PETERSBURG, FL 33704