2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# N07000003094

Entity Name: T.O.N.S. SOUTHEAST EDUCATIONAL CONFERENCE ADVISORY BOARD, INC.

Current Principal Place of Business:

3236 WHITNEY DRIVE EAST
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3236 WHITNEY DRIVE EAST
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 14-1993872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, BARBARA ANN
3236 WHITNEY DRIVE EAST
TALLAHASSEE, FL 23209 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: HALPERN, LAUREN
Address: 2700 GLADES CIRCLE, SUITE 117
City-St-Zip: WESTON, FL 33327

Title: C ( ) Delete
Name: JOANNA, BERENS
Address: 3541 N. HILLS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: S ( ) Delete
Name: BROWNELL, BONNIE
Address: 1119 MUSTER STREET
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete
Name: ZWART, KATHLEEN
Address: 4800 DEERWOOD CAMPUS PARKWAY, DC 1-4
City-St-Zip: JACKSONVILLE, FL 32246

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: BERENS, JOANNA
Address: 3541 N. HILLS DRIVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: S (X) Change ( ) Addition
Name: LORI, MORGAN
Address: 2203 40TH STREET W.
City-St-Zip: BRADENTON, FL 34205

Title: C/E (X) Change ( ) Addition
Name: BROWNELL, BONNIE
Address: 1119 MUSTER STREET
City-St-Zip: ORLANDO, FL 32803

Title: T (X) Change ( ) Addition
Name: ZWART, KATHLEEN
Address: 4800 DEERWOOD CAMPUS PARKWAY, DC 2-1
City-St-Zip: JACKSONVILLE, FL 32246

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: BARBARA ANN COX M 02/11/2009

Electronic Signature of Signing Officer or Director — Date