


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/ **FILED**
Sep 02, 2008 8:00 am
Secretary of State

08-13-2008 90002 018 ****61.25

DOCUMENT # N07000006343

1. Entity Name
FLORIDA ENGLISH, INC.



Principal Place of Business
**C/O MANATEE COMMUNITY COLLEGE
 5840 26TH STREET WEST
 BRADENTON, FL 34207**

Mailing Address
**C/O MANATEE COMMUNITY COLLEGE
 5840 26TH STREET WEST
 BRADENTON, FL 34207**

66016214



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

07172008 Chg-NP CR2E037 (12/06)

4. FEI Number **26-0283302** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**MCKEE, RICHARD A
 1339 BROOKSIDE DR
 VENICE, FL 34285**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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: Richard G. McKee Richard A. McKee 8/8/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by September 12, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	MCKEE, RICHARD	
STREET ADDRESS	1339 BROOKSIDE DR	
CITY-ST-ZIP	VENICE, FL 34285	
TITLE	D	<input type="checkbox"/> Delete
NAME	RUFFNER, COURTNEY	
STREET ADDRESS	2310 25TH AVE WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIENEISEN, JEFF	
STREET ADDRESS	2310 25TH AVE WEST	
CITY-ST-ZIP	BRADENTON, FL 34205	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Richard G. McKee Richard A. McKee 8/8/08 941-483-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #