

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 03, 2009
Secretary of State**

DOCUMENT# N07000010550

Entity Name: CENTER FOR ACADEMIC EXCELLENCE INC.

Current Principal Place of Business:

591 SPG CRK HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 11814
ST PETERSBURG, FL 33733

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FARMER, BUDDY B
591 SPG CRK HWY
CRAWFORDVILLE, FL 32327 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARMER, BUDDY B
Address: P. O. BOX 11814
City-St-Zip: ST. PETERSBURG, FL 33733

Title: VP () Delete
Name: JONES, BRUCE
Address: 950 8TH AVE S
City-St-Zip: ST PETERSBURG, FL 33705

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: BUDDY FARMER

P

05/03/2009

Electronic Signature of Signing Officer or Director

Date