

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010550

FILED
Sep 01, 2012
Secretary of State

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 35024
ST PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 26-2703868

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, BUDDY B
591 SPG CRK HWY
CRAWFORDVILLE, FL 32327 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: P
Name: FARMER, BUDDY B
Address: P. O. BOX 11814
City-St-Zip: ST. PETERSBURG, FL 33733

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

Title: S
Name: JONES, MARSHA
Address: 950 8TH AVE SO
City-St-Zip: SAINT PETERSBURG, FL 33705

I hereby 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 all other like empowered.

SIGNATURE: BRUCE JONES

VP

09/01/2012

Electronic Signature of Signing Officer or Director

Date