

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002733

FILED
Apr 28, 2009
Secretary of State

Entity Name: IDEAL TUTORING PROGRAM, INC.

Current Principal Place of Business:

2622 MEADOW OAKS LOOP
CLERMONT, FL 34714

New Principal Place of Business:

Current Mailing Address:

2622 MEADOW OAKS LOOP
CLERMONT, FL 34714

New Mailing Address:

FEI Number: 26-2203490

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CEASAR, JULIETTE
2622 MEADOW OAKS LOOP
CLERMONT, FL 34714 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: D () Delete
Name: LOUIS, MIREILLE
Address: 1552 TERRELL BRANCH RD
City-St-Zip: PLEASANTVILLE, TN 37033

Title: D () Delete
Name: CESAR, JULIETTE
Address: 2622 MEADOW OAKS LOOP
City-St-Zip: CLERMONT, FL 34714

Title: D () Delete
Name: ARNOUX, ISAAC
Address: PO BOX 1251
City-St-Zip: SPRING VALLEY, NY 10977

Title: D () Delete
Name: FELIX, MOMA
Address: 6842 LIMPkin DR
City-St-Zip: ORLANDO, FL 32818

Title: D () Delete
Name: PLACIDE, CALEBE PASTOR
Address: 855 E 19 ST APT 6H
City-St-Zip: BROOKLYN, NY 11230

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: FELIX, MONA
Address: 6842 LIMPkin DR
City-St-Zip: ORLANDO, FL 32818

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: JULIETTE CEASAR

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date