

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000008325

FILED
May 05, 2009
Secretary of State

Entity Name: PRESTIGE EDUCATIONAL LEARNING CENTERS, INC.

Current Principal Place of Business:

115 9TH STREET
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

Current Mailing Address:

115 9TH STREET
WINTER GARDEN, FL 34787 US

New Mailing Address:

FEI Number: 26-3305458 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

COSSOM, DENISE
360 COVENTRY ESTATES BLVD
DELTONA, FL 32725 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 () Delete
Name: MCCOY, GAYLA
Address: 1110 S GOLDWYN AVE
City-St-Zip: ORLANDO,, FL 32805 US

Title: VP () Delete
Name: COLEMAN, NITOSHA M
Address: 3023 ROCKINGHAM CR.
City-St-Zip: ORLANDO, FL 32808 US

Title: SEC () Delete
Name: HADLEY, CLARA L
Address: PO BOX 1250
City-St-Zip: ORLANDO, FL 32803 US

Title: TREA () Delete
Name: WILCOX, PAMELA B
Address: 5472 LILY STREET
City-St-Zip: ORLANDO, FL 32811 US

Title: MEMB () Delete
Name: NEWTON, PATRICIA
Address: 2109 STRYKER ST
City-St-Zip: ORLANDO, FL 32805 US

Title: MEMB () Delete
Name: COSSOM, DENISE
Address: 360 COVENTRY ESTATES BLVD
City-St-Zip: DELTONA, FL 32725 US

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

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: DENISE COSSOM

P/D

05/05/2009

Electronic Signature of Signing Officer or Director

Date