

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009389

FILED
Apr 30, 2009
Secretary of State

Entity Name: BEYOND BORDERS EDUCATION, INC.

Current Principal Place of Business:

1158 N 13TH SQUARE
VERO BEACH, FL 32960

New Principal Place of Business:

Current Mailing Address:

1158 N 13TH SQUARE
VERO BEACH, FL 32960

New Mailing Address:

FEI Number: 26-3768289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ENGLE, JOHN
1158 N 13TH SQUARE
VERO BEACH, FL 32960 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: JONES, JOHANNA
Address: 919 BEACHCOMBER LN
City-St-Zip: VERO BEACH, FL 329633401

Title: D (X) Delete
Name: KLOTSCHKE, ALLAN
Address: 476 EUGENIA RD
City-St-Zip: VERO BEACH, FL 329631526

Title: D () Delete
Name: LACROIX, CATHY
Address: 836 NORFOLK PINE LN
City-St-Zip: VERO BEACH, FL 329632931

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:

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: CATHY LACROIX

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date