

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000010675

FILED  
Feb 08, 2012  
Secretary of State

**Entity Name:** FLORIDA ADULT EDUCATION AND SERVICES INC.

**Current Principal Place of Business:**

101 BARWICK RD  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

2301 S CONGRESS AVE  
412  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 80-0501942      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FORTUNE PATRICE  
2301 S CONGRESS AVE  
412  
BOYNTON BEACH, FL 33426 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: FORTUNE, MARIE D  
Address: 2301 S CONGRESS AVE # 412  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: VP  
Name: FORTUNE, PATRICE  
Address: 2301 S CONGRESS AVE # 412  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: TR  
Name: FORTUNE, PATRICE  
Address: 2301 S CONGRESS AVE # 412  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: SEC  
Name: JOSEPH, CLEMY R  
Address: 2131 SW 12TH CT  
City-St-Zip: DELRAY BEACH, FL 33445

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: PATRICE FORTUNE

VP

02/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date