

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90111 035 ****61.25

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N11602 1. Entity Name The Alliance for World Class Education			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3100 University Blvd. S. Suite, Apt. #, etc. #320		3. Mailing Address P.O. Box 5628 Suite, Apt. #, etc.	
City & State Jacksonville, FL Zip 32216 Country US		City & State Jacksonville, FL Zip 32247 Country US	
4. FEI Number 59-2756660		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent Name Cheryl Grymes Street Address (P.O. Box Number is Not Acceptable) 3100 University Blvd. S. #320 City Jacksonville FL Zip Code 32216			
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FEE IS \$61.25 Initial or Amended UBR		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD Peter Rummell 1650 Prudential Dr. #400 Jacksonville, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Leerie Jenkins, Jr. 4651 Salisbury Rd. #400 Jacksonville, FL 32256		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD Madeline Scales-Taylor 4200 San Pablo Rd., Davis Bldg. 1 Jacksonville, FL 32224		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD/TD Hugh Greene 800 Prudential Dr. Jacksonville, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MD Cheryl Grymes 3100 University Blvd. S. #320 Jacksonville, FL 32216		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE: Cheryl Grymes <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/28/02 (904) 722-1287 <small>Date Daytime Phone #</small>	

CR2E037B (12/01)