2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# N11602

Entity Name: ALLIANCE FOR WORLD CLASS EDUCATION, INC.

Current Principal Place of Business:

4019 BOULEVARD CENTER DRIVE
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

4019 BOULEVARD CENTER DRIVE
THE SCHULTZ CENTER
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 59-2756660 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRYMES, CHERYL
4019 BOULEVARD CENTER DRIVE
JACKSONVILLE, FL 32207 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: RUMMELL, PETER S
Address: 245 RIVERSIDE AVENUE, SUITE 500
City-St-Zip: JACKSONVILLE, FL 32202

Title: CD ( ) Delete
Name: PAPPAS, M. LYNN
Address: 245 RIVERSIDE AVENUE, SUITE 400
City-St-Zip: JACKSONVILLE, FL 32202

Title: SDTD ( ) Delete
Name: GREENE, A. HUGH
Address: 800 PRUDENTIAL DR
City-St-Zip: JACKSONVILLE, FL 32207

Title: D ( ) Delete
Name: FIORENTINO, T. MARTIN
Address: 50 N. LAURA STREET, SUITE 2750
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: HASKELL, PRESTON
Address: 111 RIVERSIDE AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete
Name: NEWTON, RUSSELL JR
Address: 200 WEST FORSYTH STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: MADDEN, KELLY B
Address: 225 WATER STREET
City-St-Zip: JACKSONVILLE, FL 32202

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 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: M. LYNN PAPPAS CD 01/04/2007
Electronic Signature of Signing Officer or Director Date