

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12369

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA CULTURAL EDUCATION ALLIANCE INC.

**Current Principal Place of Business:**

5600 NORTH FLAGLER DRIVE  
1410  
WEST PALM BEACH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2131  
WEST PALM BEACH, FL 33402 US

**New Mailing Address:**

**FEI Number:** 59-2634108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LONG, SHERRON M MS.  
5600 N FLAGLER DR  
#1410  
WEST PALM BEACH, FL 33407 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  
Name: STEINBERG, MARK  
Address: 1401 NW 22ND ST  
City-St-Zip: MIAMI, FL

Title: VCD  
Name: BECHT, MARY  
Address: 100 S. ANDREWS AVE., 6TH FLR  
City-St-Zip: FT LAUDERDALE, FL 33301

Title: CHR  
Name: SPRING, MICHAEL  
Address: 111 NW 1ST STREET, SUITE 625  
City-St-Zip: MIAMI, FL 33128

Title: P  
Name: LONG, SHERRON  
Address: 5600 N FLAGLER DR  
City-St-Zip: WEST PALM BEACH, FL 33407

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: SHERRON LONG

P

04/04/2012

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

\_\_\_\_\_  
Date