

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N20459

1. Entity Name
FULL FLOWER EDUCATION CENTER, INC.



Principal Place of Business
9601 MICCOSUKEE RD
LOT 86
TALLAHASSEE, FL 32309

Mailing Address
9601 MICCOSUKEE RD
LOT 86
TALLAHASSEE, FL 32309

FILED

07 MAY -1 AM 8:43

CLERK OF STATE
TALLAHASSEE, FLORIDA



05012007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2800434

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FRIEDMIN, IRWIN
9601 MICCOSUKEE RD
LOT 86
TALLAHASSEE, FL 32309

DO NOT WRITE
IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when remitting) DATE _____

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OHLSEN, MICHAEL 146 TEAL LANE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEINSTEIN, TAMARA 508 OAKLAND AVE TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FONTAINE, HAROLDO 150 PARKBROOK CIR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, IRWIN 9601 MICCOSUKEE RD LOT 86 TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARRA, MADELINE 150 PARKBROOK CIR TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

700101631487
05/07/07--01004--031 **\$61.25

\$75/2

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Irwin Friedman IRWIN FRIEDMAN MAY 1, 2007 850 878-8476

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #