

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20459

FILED
May 03, 2010
Secretary of State

Entity Name: FULL FLOWER EDUCATION CENTER, INC.

Current Principal Place of Business:

9601 MICCOSUKEE RD
86
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

9601 MICCOSUKEE ROAD
86
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-2800434 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FRIEDMAN, IRWIN
9601 MICCOSUKEE RD
86
TALLAHASSEE, FL 32309 US

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: OHLSEN, MICHAEL
Address: 146 TEAL LANE
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD
Name: WEINSTEIN, TAMARA
Address: 9601 MICCOSUKEE ROAD # 86
City-St-Zip: TALLAHASSEE, FL 32309

Title: D
Name: FONTAINE, HAROLDO
Address: 150 PARKBROOK CIR
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD
Name: FRIEDMAN, IRWIN
Address: 9601 MICCOSUKEE RD # 86
City-St-Zip: TALLAHASSEE, FL 32309

Title: TD
Name: FONTAINE, MADELINE
Address: 150 PARKBROOK CIR
City-St-Zip: TALLAHASSEE, FL 32301

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: IRWIN FRIEDMAN

PD

05/03/2010

Electronic Signature of Signing Officer or Director

Date