

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20459

**FILED**  
**Apr 27, 2011**  
**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:**

9601 MICCOSUKEE RD  
# 86  
TALLAHASSEE, FL 32309

**FEI Number:** 59-2800434

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRIEDMAN, IRWIN  
9601 MICCOSUKEE RD  
# 86  
TALLAHASSEE, FL 32309 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:** 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

04/27/2011

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

\_\_\_\_\_  
Date