

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

DOCUMENT# N20459

**FILED**  
**Apr 25, 2012**  
**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 RD  
# 86  
TALLAHASSEE, FL 32309

**New Mailing Address:**

**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: ROBINSON, DALE  
Address: 9084 WARBLER STREET  
City-St-Zip: TALLAHASSEE, FL 32305

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

Title: D  
Name: COBIAN, DALE  
Address: 9084 WARBLER STREET  
City-St-Zip: STREET, FL 32305

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

PRES

04/25/2012

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

\_\_\_\_\_  
Date