

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N38072 (7)
1. Corporation Name
SOUTH FLORIDA CENTER FOR EDUCATIONAL LEADERS, IN C.



Principal Place of Business 11352 STATE RD 84 DAVIE FL 33325 US		Mailing Address 11352 STATE RD 84 DAVIE FL 33325 US		3. Date Incorporated or Qualified 05/10/1990
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		4. FEI Number 65-0327337 Applied For <input type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent CAPITAL CONNECTION INC. 417 E. VIRGINIA ST. SUITE 1 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE
NAME	BEDELL, JANET P	1.2 NAME
STREET ADDRESS	5251 NE 14 WAY	1.3 STREET ADDRESS
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE
NAME	MOLLER, GAYLE	2.2 NAME
STREET ADDRESS	11352 STATE RD 84	2.3 STREET ADDRESS
CITY-ST-ZIP	DAVIE FL 33325	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE
NAME	REED, RICHARD	3.2 NAME
STREET ADDRESS	1251 N.W. 8TH STREET	3.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE
NAME	WILLIAMS, JAMES	4.2 NAME
STREET ADDRESS	10134 SW 78 COURT	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gayle Moller** *Gayle Moller* **4/1/98** **954-424-6920**

CR2E037 (10/97)