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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38072

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



2. Principal Place of Business

21 777 Glades Road

22 Suite, Apt. #, etc.
COE 47, Room 258

23 City & State
Boca Raton, FL

24 Zip Country
33431

2a. Mailing Address

26 777 Glades Road

27 Suite, Apt. #, etc.
COE 47, Room 258

28 City & State
Boca Raton, FL

29 Zip Country
33431

3. Date Incorporated or Qualified

05/10/1990

4. FEI Number

65-0327337

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

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 ☐ DELETE

NAME BEDELL, JANET P
STREET ADDRESS 5251 NE 14 WAY
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☒ DELETE

NAME MOLLER, GAYLE
STREET ADDRESS 11352 STATE RD 84
CITY-ST-ZIP DAVIE FL 33325

TITLE D ☐ DELETE

NAME REED, RICHARD
STREET ADDRESS 1251 N.W. 8TH STREET
CITY-ST-ZIP BOCA RATON FL

TITLE D ☐ DELETE

NAME WILLIAMS, JAMES
STREET ADDRESS 10134 SW 78 COURT
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99
Date

561 297-3534
Daytime Phone #

CR2E037 (1/98)