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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000960

1. Corporation Name

COOPERATIVE EDUCATION CLUBS OF FLORIDA, INC.

Principal Place of Business

1811 MARSTON PLACE
 TALLAHASSEE FL 32312

Mailing Address

1811 MARSTON PLACE
 TALLAHASSEE FL 32312



2. Principal Place of Business

21 **144 WOODLAKE CIRCLE**

Suite, Apt. #, etc.

22

City & State

23 **GREENACRES, FLORIDA**

Zip

24 **33463-3084**

Country

2a. Mailing Address

26 **144 WOODLAKE CIRCLE**

Suite, Apt. #, etc.

27

City & State

28 **GREENACRES, FLORIDA**

Zip

29 **33463-3084**

Country

30 **PALM BEACH**

3. Date Incorporated or Qualified

12/28/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

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\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

CLICK, MARSHA
1811 MARSTON PLACE
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name

SAM AGRESTI, JR

82 Street Address (P.O. Box Number is Not Acceptable)

144 WOODLAKE CIRCLE

83

84 City

GREENACRES

FL

85 Zip Code

33463-3084

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

Sam Agresti
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-29-99

DATE

12.

SAM AGRESTI, JR. President

TITLE

PD

NAME

SIEGMEISTER, WILLIAM

STREET ADDRESS

7712 ALTAMIRA ST

CITY-ST-ZIP

CORAL GABLES FL 33143

TITLE

VD

NAME

LAURAMOORE, DIANNE

STREET ADDRESS

2516 NW 18TH WAY

CITY-ST-ZIP

GAINESVILLE FL 32605

TITLE

STD

NAME

AUSTIN, JOHN

STREET ADDRESS

2670 NW 42ND STREET

CITY-ST-ZIP

BOCA RATON FL 33434

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PD

NAME

SAM AGRESTI, JR.

STREET ADDRESS

144 WOODLAKE CIRCLE

CITY-ST-ZIP

GREENACRES, FL 33463-3084

2.1 TITLE

VD

NAME

PEGGY PEARSON

STREET ADDRESS

1700 W. BLOOMINGDALE

CITY-ST-ZIP

VALRICO, FL 33594

3.1 TITLE

TD

NAME

JULI WILLIAMS

STREET ADDRESS

31021 WESTCHESTER AVE.

CITY-ST-ZIP

MT. PLYMOUTH, FL 32776

4.1 TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

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

4-29-99 561-642-6223

Date

Daytime Phone #

CR2E037 (11/98)