

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N93000003342</b>	
1. Entity Name NATIONAL CENTER FOR CONTINUING EDUCATION, INC.	
Principal Place of Business 967 BRIARCLIFF DRIVE TALLAHASSEE, FL 32308 US	Mailing Address 967 BRIARCLIFF DRIVE TALLAHASSEE, FL 32308 US



04032008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3156724	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

WEIL, JOSEPH J  
831 LAKESHORE RD.  
TALLAHASSEE, FL 32312

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEIL, JOSEPH J 831 LAKESHORE DR TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIRO, ROBERT 1560 SEMINOLE DR. TALLAHASSEE, FL 32301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL, DIANA 8432 OLDE POST RD. TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARDI, STEVE 1464 PINE ST. TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000092692  
04/23/08-80076-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Joseph J Weil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-08

Date

561-3506

Daytime Phone