2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N94000006250

1. Entity Name
WORLD CLASS EDUCATIONAL RESEARCH FOUNDATION, INC.

Principal Place of Business	Mailing Address
1840 PHILLIPPI SHORES DR SARASOTA, FL 34231 US	PO BOX 20708 SARASOTA, FL 34276 US

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04252006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-0636034
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM
200 S ORANGE AVE
SARASOTA, FL 34236

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

Filing Fee is $61.25
Due by May 1, 2006

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

000000540186
05/10/06-80008-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	MORRIS, ROBERT A JR
STREET ADDRESS	1840 PHILLIPPPI SHORES DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	MORRIS, PAMELA J
STREET ADDRESS	1840 PHILLIPPI SHORES DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	D
NAME	MORRIS, ROBERT A III
STREET ADDRESS	1840 PHILLIPPI SHORES DR
CITY-ST-ZIP	SARASOTA, FL 34231
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Robert A Morris JR PRESIDENT 4/27/06 941-923-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #