


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

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N94000006250 1. Entity Name WORLD CLASS EDUCATIONAL RESEARCH FOUNDATION, INC.	
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Principal Place of Business 1921 MONTE CARLO DRIVE UNIT 703 SARASOTA, FL 34231 US	Mailing Address PO BOX 20708 SARASOTA, FL 34276 US
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DO NOT WRITE IN THIS SPACE



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0636034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SEIDER, WILLIAM
200 S ORANGE AVE
SARASOTA, FL 34236**

**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 _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORRIS, ROBERT A JR 1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, PAMELA J 1921 MONTE CARLO DRIVE, UNIT 703 SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, ROBERT A III 1921 MONTE CARLO DRIVE, UNIT 703 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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05/27/08-80070-007 61.25

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** **04/21/2008** **941-923-6353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #