

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003304

FILED
Mar 04, 2009
Secretary of State

Entity Name: EDUCATIONAL CONSULTANTS CONSORTIUM, INC.

Current Principal Place of Business:

1107 26TH STREET COURT EAST
PALMETTO, FL 34221

New Principal Place of Business:

Current Mailing Address:

1107 26TH STREET COURT EAST
PALMETTO, FL 34221

New Mailing Address:

FEI Number: 65-0612497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HARVEY, BARBARA
1107 26 ST. COURT EAST
PALMETTO, FL 34221 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PRATT, JR., B.C.
Address: 3090 9TH AVE. DRIVE EAST
City-St-Zip: PALMETTO, FL 34221

Title: SD () Delete
Name: BRYANT, BEVERLY
Address: 1614 13TH AVE EAST
City-St-Zip: BRADENTON, FL 34208

Title: VPD () Delete
Name: PATTON, GERALD
Address: 7881 FRUITVILLE RD
City-St-Zip: SARASOTA, FL 34240

Title: TD () Delete
Name: PEARCEY, ANN B
Address: 1413 10TH AVE.E.
City-St-Zip: BRADENTON, FL 34208

Title: D () Delete
Name: DAVIS, JOHNNIE
Address: 1011 31ST STREET EAST
City-St-Zip: PALMETTO, FL 34221

Title: D () Delete
Name: BLALOCK, DAN
Address: 4124 RIVERVIEW BLVD
City-St-Zip: BRADENTON, FL 34208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA HARVEY

ED

03/04/2009

Electronic Signature of Signing Officer or Director

Date