

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004253

FILED
May 03, 2010
Secretary of State

Entity Name: NEW ERA APPRENTICESHIP AND EDUCATION SERVICES, INC.

Current Principal Place of Business:

14882 OLD THICKET TRACE
WINTER GARDEN, FL 34787 US

New Principal Place of Business:

14597 WHITTRIDGE DRIVE
WINTER GARDEN, FL 34787 US

Current Mailing Address:

PO BOX 22244
LAKE BUENA VISTA, FL 32830 US

New Mailing Address:

FEI Number: 59-3325820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FOULKES, CATHERINE W
10521 EMERALD CHASE DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

FOULKES, CATHERINE W
10521 EMERALD CHASE DRIVE
ORLANDO, FL 32836 US

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: CATHERINE FOULKES

05/03/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSD
Name: WILLIS, VERA L
Address: 14882 OLD THICKET TRACE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DT
Name: WINSTON, JAMIL C
Address: 14882 OLD THICKET TRACE
City-St-Zip: WINTERGARDEN, FL 34787

Title: DPV
Name: FOULKES, CATHERINE L
Address: 14597 WHITTRIDGE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DP
Name: FOULKES, CATHERINE W
Address: 14882 OLD THICKET TRACE
City-St-Zip: WINTER GARDEN, FL 34787

Title: DCWM
Name: ROEBUCK, WILLIAM E JR
Address: 9007 EDENSHIRE CIRCLE
City-St-Zip: ORLANDO, FL 32836

Title: DVP
Name: JACQUELYNE, MCCLAIREN R
Address: 14597 WHITTRIDGE DRIVE
City-St-Zip: WINTERGARDEN, FL 34787

I hereby 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 all other like empowered.

SIGNATURE: VERA L. WILLIS

PSD

05/03/2010

Electronic Signature of Signing Officer or Director

Date