

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000006007

FILED  
Jun 12, 2012  
Secretary of State

**Entity Name:** COMMUNITY EDUCATION CENTER, INC.

**Current Principal Place of Business:**

5514 BAPTIST CHURCH RD  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

5514 BAPTIST CHURCH RD  
TAMPA, FL 33610

**New Mailing Address:**

**FEI Number:** 59-3349035

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FIDA, SHAHEEN  
2365 HADDON HALL PLACE  
CLEARWATER, FL 33764 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: P  
Name: AFRIDI, SALIM  
Address: 3004 BARRET AVE  
City-St-Zip: PLANTCITY, FL 33567

Title: TRSR  
Name: FIDA, SHAHEEN  
Address: 2365 HADDON HALL PL  
City-St-Zip: CLEARWATER, FL 33764

Title: SECR  
Name: KHAN, ZAHEER  
Address: 2101 COUNTRY CLUB CT  
City-St-Zip: PLANT CITY, FL 33567

Title: D  
Name: FAROOQUI, SHAFQAT  
Address: 18126 LONGWATER RUN DR  
City-St-Zip: TAMPA, FL 33647

Title: D  
Name: CHOWDHARI, SHOUKAT  
Address: 5818 NEAL DR  
City-St-Zip: TAMPA, FL 33617

Title: D  
Name: HAFEEZ, JAVED  
Address: 6103 MARBELLA BLVD  
City-St-Zip: APOLLO BEACH, FL

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: SHAHEEN FIDA

TRSR

06/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date