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FILED

Feb 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001307 (5)

1. Corporation Name

EXCEPTIONAL STUDENT EDUCATION COALITION OF PALM
BEACH COUNTY, INC.

Principal Place of Business

Mailing Address

9968A WATERMILL CIRCLE
BOYNTON BEACH FL 33437-28039968A WATERMILL CIRCLE
BOYNTON BEACH FL 33437-28413. Date Incorporated or Qualified
03/01/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 P.O. Box 740792

22 City & State

27 Suite, Apt. #, etc.

23 City & State

28 Boynton Beach, FL

24 Zip

Country

29 Zip

Country

25

30 33474-0792

31 Palm Beach

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME BRILL, KAREN
STREET ADDRESS 9968A WATERMILL CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL 33437-28031.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MARINO, GAIL
STREET ADDRESS 3735 DEVON COURT SOUTH
CITY-ST-ZIP BOCA RATON FL 334322.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME SHERMAN, PRISCILLA
STREET ADDRESS 1115 SOUTH SEACREST BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 334353.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME BLATT, LISA
STREET ADDRESS 330 NW 36TH COURT
CITY-ST-ZIP BOCA RATON FL 334324.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition
5.2 NAME BROWN, DEBRA
5.3 STREET ADDRESS 599 S.W. 16TH STREET
5.4 CITY-ST-ZIP BOCA RATON, FL 33432TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karen Brill* Karen Brill, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 8, 1997

Date

Daytime Phone # 0042541

CR2E037 (9/96)