

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001549

FILED
Apr 27, 2007
Secretary of State

Entity Name: ADAMS EDUCATIONAL CENTER, INC.

Current Principal Place of Business:

ADAMS EDUCATIONAL CENTER, INC.
1800 W. WASHINGTON ST.
ORLANDO, FL 32805

New Principal Place of Business:

Current Mailing Address:

ADAMS EDUCATIONAL CENTER, INC.
1800 W. WASHINGTON ST.
ORLANDO, FL 32805

New Mailing Address:

FEI Number: 59-3462744

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, RUTHA M
110 S ORTMAN DR
ORLANDO, FL 32805 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: D () Delete
Name: ADAMS, FRED
Address: 110 S. ORTMAN DR
City-St-Zip: ORLANDO, FL 32805

Title: D () Delete
Name: JACKSON, MARILYN
Address: 4818 ROLLING OAK DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: DS () Delete
Name: ROBINSON, BARBARA
Address: 110 S. ORTMAN DR
City-St-Zip: ORLANDO, FL 32805

Title: DVT () Delete
Name: BROWN, CHERYL
Address: 327 HAVOR POINT BLVD
City-St-Zip: ORLANDO, FL 32835

Title: P () Delete
Name: ADAMS, RUTHA M
Address: 110 S. ORTMAN DR
City-St-Zip: ORLANDO, FL 32805

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: DVT (X) Change () Addition
Name: BROWN, CHERYL
Address: 110 S. ORTMAN DR
City-St-Zip: ORLANDO, FL 32805

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: RUTHA M. ADAMS

PRES

04/27/2007

Electronic Signature of Signing Officer or Director

Date