

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002852

FILED  
May 05, 2010  
Secretary of State

**Entity Name:** SHARON SCHOOL OF EXCELLENCE, INC.

**Current Principal Place of Business:**

3541 SW 144TH AVE  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 278422  
MIRAMAR, FL 33027 US

**New Mailing Address:**

**FEI Number:** 65-0667019 **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:**

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

SCOTT, ELIZABETH  
3541 SW 144TH STREET  
MIRAMAR, FL 33027 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: PARRISH, CARL D  
Address: 3541 SW 144TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: EVP  
Name: SCOTT, ELIZABETH  
Address: 3541 SW 144TH AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: D  
Name: PARRISH, CARL SR  
Address: 3541 SW 144 AVE  
City-St-Zip: MIRAMAR, FL 33027

Title: DIR  
Name: PERKINS, MARY  
Address: 2001 NW 191 STREET  
City-St-Zip: MIAMI, FL 33056

Title: CEO  
Name: PARRISH, SHERRON DR  
Address: 3541 SW 144TH AVE  
City-St-Zip: MIRAMAR, FL 33027

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: ELIZABETH SCOTT

EVP

05/05/2010

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

\_\_\_\_\_  
Date