

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 09, 1999 8:00 am  
Secretary of State

07-09-1999 90019 023 \*\*\*\*61.25

DOCUMENT # N98000001178 ✓

1. Corporation Name

CHILDREN'S INTERNATIONAL EXPERIENTIAL LEARNING ORGANIZATION, INC.



Principal Place of Business

4103 BROWARD AVE.  
W. PALM BEACH FL 33407

(pending)

Mailing Address

P.O. BOX 2642  
PALM BEACH FL 33480



2. Principal Place of Business

4914 22nd St. No.

Suite, Apt. #, etc.

West Palm Beach, FL

City & State

33417 U.S.A.

Zip Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

02/27/1998

4. FEI Number

65-0814805

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

LEA, ANDREA

Andrea Lea  
P.O. Box 2642  
Palm Beach, FL 33480-2642

(interim)  
4914 22nd St. No.  
West Palm Beach, FL  
33417

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

TITLE President ☐ DELETE

NAME Andrea Lea  
STREET ADDRESS 4914 22nd St. No.  
CITY-ST-ZIP West Palm Beach, FL 33417

TITLE Vice President ☐ DELETE

NAME H. Bryant Sims, Esq.  
STREET ADDRESS 7301 So. Dixie Hwy.  
CITY-ST-ZIP West Palm Beach, FL 33405

TITLE acting Sec'y / Treasurer ☐ DELETE

NAME Andrea Lea  
STREET ADDRESS 4914 22nd St. No.  
CITY-ST-ZIP West Palm Beach, FL 33417

TITLE Director ☐ DELETE

NAME Bruce Ide  
STREET ADDRESS 581599 No. Military Trail  
CITY-ST-ZIP W. Palm Beach, FL 33417

TITLE Director ☐ DELETE

NAME Corlotta Clay  
STREET ADDRESS 691-39th St  
CITY-ST-ZIP Riviera Beach, FL 33407

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

July 3, 1999

Date

Daytime Phone #

CR2E037 (5/99)