

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90018 042 ****61.25

DOCUMENT # N98000004181

1. Corporation Name

EDUCATION TRANSFORMATION, INC.

Principal Place of Business

3015 DREMA DRIVE
ST. CLOUD FL 34769

Mailing Address

3015 DREMA DRIVE
ST. CLOUD FL 34769



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

07/16/1998

4. FEI Number

59-3524035

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BEEKMAN, CARL PH.D.
3015 DREMA DRIVE
ST. CLOUD FL 34769

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 D ☐ DELETE

NAME BEEKMAN, CARL PH.D.
STREET ADDRESS 3015 DREMA DRIVE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☐ DELETE

NAME FRASER-BEEKMAN, STEPHANIE M PH.D.
STREET ADDRESS 3015 DREMA DRIVE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☒ DELETE

NAME GREGG, KATHY PH.D.
STREET ADDRESS 10587 114TH AVENUE, NORTH
CITY-ST-ZIP LARGO FL 33773

TITLE D ☒ DELETE

NAME HESS, JIM
STREET ADDRESS 1835 WILLINGHAM WAY
CITY-ST-ZIP KISSIMMEE FL 34744

TITLE D ☐ DELETE

NAME LAIBE, MICHAEL
STREET ADDRESS 3015 DREMA DRIVE
CITY-ST-ZIP ST. CLOUD FL 34769

TITLE D ☐ DELETE

NAME LYNN, SUSAN MURRAY CPA, PA
STREET ADDRESS 300 MAGNOLIA AVENUE, SUITE A
CITY-ST-ZIP MERRITT ISLAND FL 32952

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-13-99

407-857-2731

CR2E037 (11/98)