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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000006829

1. Corporation Name
SENIOR EDUCATION CENTERS, INC.

Principal Place of Business	Mailing Address
711 PEBBLE BEACH AVE NE PALM BAY FL 32905	711 PEBBLE BEACH AVE NE PALM BAY FL 32905

2. Principal Place of Business
21 201 SIXTH AV
Suite, Apt. #, etc.
22
City & State
23 INDIALANTIC FL
Zip 24 32903 Country 25 BREVARD

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
11/30/1998

4. FEI Number
59-3562996
☑ 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

PETERSEN, ROBIN M
304 E STRAWBRIDGE AVE
MELBOURNE FL 32901

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	INCORPORATOR/DIR.	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUD NICOL		1.2 NAME		
STREET ADDRESS	201 SIXTH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIALANTIC, FL. 32903		1.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PATRICIA NICOL		2.2 NAME		
STREET ADDRESS	711 PEBBLE BEACH AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY, FL. 32905		2.4 CITY-ST-ZIP		
TITLE	DIRECTOR	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JACKIE DONALDSON		3.2 NAME		
STREET ADDRESS	P.O. BOX 140673		3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH, FL. 32114		3.4 CITY-ST-ZIP		
TITLE	TRACY NICOL - DIR.	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS	3720 NW 53RD RD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL. 32653		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 3/22/99 4079533493
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #