

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000096950

**FILED**  
**Mar 01, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL INSTITUTE FOR CONTINUING EDUCATION, INC.

**Current Principal Place of Business:**

2476 W. BAYSHORE ROAD  
GULF BREEZE, FL 325632524

**New Principal Place of Business:**

**Current Mailing Address:**

2476 W. BAYSHORE ROAD  
GULF BREEZE, FL 325632524

**New Mailing Address:**

**FEI Number:** 59-3550039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALMER, RAYMOND B  
913 GULF BREEZE PKWY STE 41  
GULF BREEZE, FL 32561 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: DP  
Name: FELL GREENE, PHERIBA JANE  
Address: 2476 W. BAYSHORE ROAD  
City-St-Zip: GULF BREEZE, FL 325632524

Title: ST  
Name: GREENE, JAMES S III  
Address: 2476 W. BAYSHORE ROAD  
City-St-Zip: GULF BREEZE, FL 32563

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES S GREENE III

ST

03/01/2012

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

\_\_\_\_\_  
Date