

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007088

Entity Name: COUNCIL FOR EDUCATIONAL CHANGE, INC.**Current Principal Place of Business:**3265 MERIDAN PKWY STE 130
WESTON, FL 33331**Current Mailing Address:**3265 MERIDAN PKWY STE 130
WESTON, FL 33331**FEI Number: 01-0638224****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROBBINS, MICHAEL
222 SE 10TH ST
FORT LAUDERDALE, FL 33316 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**Officer/Director Detail :**

Title	P
Name	LIFTIN, ELAINE ED.D.
Address	16705 SAPPHERE SPRINGS
City-State-Zip:	WESTON FL 33331
Title	TD
Name	WASSERMAN, STEVEN S.
Address	3265 MERIDIAN PARKWAY SUITE 130
City-State-Zip:	WESTON FL 33331
Title	SECRETARY
Name	SLADE, ROGER ESQ.
Address	801 BRICKELL AVE SUITE 1440
City-State-Zip:	MIAMI FL 33131

Title	CD
Name	BLUMENKAMP, CHARLES B
Address	3265 MERIDIAN PARKWAY SUITE 130
City-State-Zip:	WETON FL 33331
Title	VPD
Name	ZIMMERMAN, PAUL M
Address	2901 SW 149 AVENUE
City-State-Zip:	MIRAMAR FL 33327

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: ELAINE LIFTIN**PRESIDENT****01/14/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date