

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004394

Entity Name: BRAIN EXPANSIONS SCHOLASTIC TRAINING, INC.**Current Principal Place of Business:**10006 CROSS CREEK BLVD
#406
TAMPA, FL 33647**Current Mailing Address:**10006 CROSS CREEK BLVD
#406
TAMPA, FL 33647**FEI Number:** 20-2834380**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TAYLOR, JR, ROBERT EESQ.
LAW OFFICES OF R.E. TAYLOR, P.A.
609 W. AZEELE ST., STE. B
TAMPA, FL 33606 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 CEO
Name FREDERICK, DEXTER DR.
Address 10006 CROSS CREEK BLVD
City-State-Zip: TAMPA FL 33647

Title SEC
Name MATHIAS, CHRISTINA
Address 17716 CRYSTAL COVE PLACE
City-State-Zip: LUTZ FL 33548

Title BOARD MEMBER
Name NABRIT STEPHENS, BARBARA DR.
Address 4704 DUNN LANE
City-State-Zip: TAMPA FL 33614

Title BOARD MEMBER
Name SMITH, MARLO
Address 10407 ST. TROPAZ PLACE
City-State-Zip: TAMPA FL 33615

Title BOARD MEMBER
Name KEVIN, RICHARDSON
Address 8014 CYPRESS CROSSING COURT
City-State-Zip: TAMPA FL 33647

Title CHAIRWOMAN/DR.
Name SWAGGER, PHILDRA PHD
Address 11413 SAND STONE ROCK DRIVE
City-State-Zip: RIVERVIEW FL 33569

Title BOARD MEMBER
Name PHILLPOTTS, DR. BRIAN PHD
Address 8604 DOLCE VITA LANE
City-State-Zip: ODESSA FL 33556

Title ATTY
Name AEBEL, ERIN ESQ.
Address 101 EAST KENNEDY BOULEVARD
BANK OF AMERICA PLAZA, SUITE
2800
City-State-Zip: TAMPA FL 33602

Continues on page 2

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: FREDERICK, DEXTER DR.**EXECUTIVE DIRECTOR****03/18/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	OFFICER
Name	HERNANDEZ, IVONNE PHD
Address	10006 CROSS CREEK BLVD #406
City-State-Zip:	TAMPA FL 33647