

2017 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	OFFI
Name	BLAND, TONY
Address	20429 WALNUT GROVE LANE
City-State-Zip:	TAMPA FL 33647

Title	BOARD MEMBER
Name	TED, WILLIAMS PHD
Address	10006 CROSS CREEK BLVD
City-State-Zip:	TAMPA FL 33647

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

Title	CHAIRMAN
Name	SWAGGER, PHILDRA PHD
Address	11413 SANDSTONE ROCK DR.
City-State-Zip:	TAMPA FL 33569

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

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: DEXTER FREDERICK**EXECUTIVE DIRECTOR****04/30/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date