

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010550

**Entity Name:** CENTER FOR ACADEMIC EXCELLENCE INC.

**Current Principal Place of Business:**

591 SPG CRK HWY  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

P.O. BOX 35024  
ST PETERSBURG, FL 33705

**FEI Number: 26-2703868**

**Certificate of Status Desired: No**

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

FARMER, BUDDY B  
591 SPG CRK HWY  
CRAWFORDVILLE, FL 32327 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 FARMER, BUDDY B  
Address P. O. BOX 11814  
City-State-Zip: ST. PETERSBURG FL 33733

Title VP  
Name JONES, BRUCE  
Address 950 8TH AVE S  
City-State-Zip: ST PETERSBURG FL 33705

Title S  
Name JONES, MARSHA  
Address 950 8TH AVE SO  
City-State-Zip: SAINT PETERSBURG FL 33705

*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: BRUCE JONES**

VP

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date