

2015 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

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date