

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000008071

**Entity Name:** SOUTH FLORIDA EDUCATIONAL DEVELOPMENT CENTER, INC.

**FILED**  
**Apr 02, 2022**  
**Secretary of State**  
**7359931622CC**

**Current Principal Place of Business:**

620 NW 2ND AVENUE  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

2860 SOMERSET DRIVE  
#K103  
LAUDERDALE LAKES, FL 33311

**FEI Number: 27-1057507**

**Certificate of Status Desired: Yes**

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

ATKINS, SANDRA  
2860 SOMERSET DRIVE UNIT 103 DRIVE  
LAUDERDALE LAKES, FL 33311 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 ATKINS, SANDRA  
Address 25860 SOMERSET DRIVE UNIT 103  
City-State-Zip: LAUDERDALE LAKES FL 33311

Title S  
Name BROWNE, BRIAN  
Address 1740 NW 187 STREET  
City-State-Zip: MIAMI GARDENS FL 33056

Title V  
Name LEE, JENNIFER  
Address 8651 NORTHWEST 45 STREET  
City-State-Zip: LAUDERHILL FL 33351

Title V  
Name WIGGINS, RICKY  
Address 269 NORTHEAST 201 TERRACE  
City-State-Zip: MIAMI FL 33179

Title TREASURER  
Name ADAMS, EDITH D  
Address 607 NW 3RD COURT  
City-State-Zip: HALLANDAL BEACH FL 33009

*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: SANDRA ATKINS**

**PRESIDENT**

**04/02/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date