

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009274

**Entity Name:** COACHES4EDUCATION, INC.**Current Principal Place of Business:**707 MONROE ROAD  
SANFORD, FL 32771**Current Mailing Address:**707 MONROE ROAD  
SANFORD, FL 32771 US**FEI Number:** 90-0766986**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LOWE, MICHAEL R. ESQ.  
707 MONROE ROAD  
SANFORD, FL 32771 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	DIRECTOR
Name	TICHONOFF, ANTHONY
Address	119 KAYWOOD DRIVE
City-State-Zip:	SANFORD FL 32771

Title	DIRECTOR
Name	BARBER, REED
Address	1079 HENLEY DOWNS PLACE
City-State-Zip:	HEATHROW FL 32746

Title	DIRECTOR
Name	PETERSON, GREG
Address	451 GEHR LANE
City-State-Zip:	LAKE MARY FL 32746

Title	DIRECTOR
Name	MOXLEY, TIM
Address	1036 RIDGE POINT COURT
City-State-Zip:	LONGWOOD FL 32750

Title	PRESIDENT; DIRECTOR
Name	LOWE, MICHAEL R
Address	707 MONROE ROAD
City-State-Zip:	SANFORD FL 32771

Title	VP, DIRECTOR
Name	FRY, GREG
Address	755 W. HWY 434 SUITE1
City-State-Zip:	LONGWOOD FL 32750

Title	SECRETARY, TREASURER, DIRECTOR
Name	KRUTSINGER, TISHA
Address	525 FOX HUNT CIRCLE
City-State-Zip:	LONGWOOD FL 32750

Title	DIRECTOR
Name	KRUTSINGER, EDDIE
Address	525 FOX HUNT CIRCLE
City-State-Zip:	LONGWOOD FL 32750

**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: MICHAEL R. LOWE****PRESIDENT, DIRECTOR****03/05/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name DAVIS, ANTWON  
Address 155 KELLY CIRCLE  
City-State-Zip: SANFORD FL 32773

Title DIRECTOR  
Name GRAY, CHRISTOPHER  
Address 309 KEY HAVEN DRIVE  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name CIULLO, PAT  
Address 204 CAPRI COVE PL  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name ALCE, AMALO  
Address 2120 LILI PETAL CT  
City-State-Zip: SANFORD FL 32771

Title DIRECTOR  
Name SMOKER, MELANIE  
Address 928 WILNER CIRCLE  
City-State-Zip: SANFORD FL 32771