

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005431

Entity Name: EDUCATING CHILDREN AND FAMILIES, INC.**Current Principal Place of Business:**90 NE 3RD STREET
FLORIDA CITY, FL 33034**Current Mailing Address:**90 NE 3RD STREET
FLORIDA CITY, FL 33034 US**FEI Number:** 30-0790155**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KANZKI, MARGALIE E
90 NE 3RD STREET
FLORIDA CITY, FL 33034 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	PD
Name	KANZKI, MARGALIE E
Address	90 NE 3RD STREET
City-State-Zip:	FLORIDA CITY FL 33034

Title	D
Name	BRIERRE, GERALD
Address	10387 SOUTHWEST 186TH STREET #216
City-State-Zip:	MIAMI FL 33152

Title	D
Name	CADET, JULIE
Address	10387 SOUTHWEST 186TH STREET #216
City-State-Zip:	MIAMI FL 33152

Title	T
Name	MOBLEY, TYRONNE
Address	10387 SOUTHWEST 186TH STREET #216
City-State-Zip:	MIAMI FL 33152

Title	D
Name	SCHMIDT, LYNN
Address	10387 SOUTHWEST 186TH STREET #216
City-State-Zip:	MIAMI FL 33152

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: MARGALIE E. KANZKI**PRESIDENT****04/05/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date