

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000007386

**Entity Name:** CORE LEARNING CONCEPTS / STRATEGIES, INC.

**Current Principal Place of Business:**

2541 NW 154TH STREET  
MIAMI, FL 33054

**Current Mailing Address:**

2541 NW 154TH STREET  
MIAMI, FL 33054

**FEI Number: 46-3466165**

**Certificate of Status Desired: Yes**

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

GIBSON, CLIFFORD J  
2541 NW 154TH STREET  
MIAMI, FL 33054 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/PRESIDENT  
Name           GIBSON, CLIFFORD J  
Address        2541 NW 154TH STREET  
City-State-Zip: MIAMI FL 33054

Title           D  
Name           BROWN, FELICIA E  
Address        2541 NW 154TH STREET  
City-State-Zip: MIAMI FL 33054

Title           D  
Name           MEYERS, MELINDA A  
Address        2541 NW 154TH STREET  
City-State-Zip: MIAMI FL 33054

Title           D  
Name           ROBINSON, SYLVIA R  
Address        2541 NW 154TH STREET  
City-State-Zip: MIAMI FL 33054

Title           OFFICER  
Name           SIMMONS, SHARA  
Address        2541 NW 154 ST  
City-State-Zip: MIAMI GARDENS FL 33054

*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: CLIFFORD J. GIBSON**

**PRESIDENT**

**02/25/2017**

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

\_\_\_\_\_  
Date