

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000011973

**Entity Name:** SYNAPSE TECHNOLOGY EDUCATION PARTNERSHIP INC.

**Current Principal Place of Business:**

11137 BUGENHAGEN DR  
ORLANDO, FL 32832

**Current Mailing Address:**

11137 BUGENHAGEN DR  
ORLANDO, FL 32832 US

**FEI Number: 81-0906336**

**Certificate of Status Desired: Yes**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD  
SUITE A  
TAMPA, FL 32832 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 PDS  
Name LEE, MARIA C  
Address 11137 BUGENHAGEN DR  
City-State-Zip: ORLANDO FL 32832

Title D  
Name LEE, VERNON L  
Address 11137 BUGENHAGEN DR  
City-State-Zip: ORLANDO FL 32832

Title T  
Name LEUNG, MAYEE L  
Address 11137 BUGENHAGEN DR  
City-State-Zip: ORLANDO FL 32832

Title D  
Name CABRERA, ROBERT  
Address 11137 BUGENHAGEN DR  
City-State-Zip: ORLANDO FL 32832

*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: VERNON L LEE**

**DIRECTOR**

**04/09/2019**

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

\_\_\_\_\_  
Date