

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009418

Entity Name: BEES LEARNING INCORPORATED**Current Principal Place of Business:**5100 1ST AVE NORTH
ST. PETERSBURG, FL 33710**Current Mailing Address:**5100 1ST AVE NORTH
ST. PETERSBURG, FL 33710 US**FEI Number: 82-2896031****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VEAL, LEAH M
1885 SHORE DR. SOUTH
#222
ST. PETERSBURG, FL 33707 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 BOARD PRESIDENT
Name MCKENNON, REUBEN
Address 5100 1ST AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33710Title BOARD SECRETARY
Name GRIZZLE, LORENA
Address 5100 1ST AVE NORTH
City-State-Zip: ST. PETERSBURG FL 33710Title VICE PRESIDENT
Name PRZYBOROWSKI, MARTA
Address 5100 1ST AVE NORTH
City-State-Zip: ST PETERSBURG FL 33710Title BOARD MEMBER
Name DAVIS, KEYARIES
Address 5100 1ST AVE NORTH
City-State-Zip: ST PETERSBURG FL 33710Title BOARD MEMBER
Name ARTEAGA, ALYSSA
Address 5100 1ST AVE NORTH
City-State-Zip: ST PETERSBURG FL 33710Title BOARD MEMBER
Name HAIL, VALERIE
Address 5100 1ST AVE NORTH
City-State-Zip: ST PETERSBURG FL 33710

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: LEAH VEAL**04/30/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date