

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000001632

Entity Name: EBONI AND CLARENCE BURTS EDUCATIONAL CENTER INC.**Current Principal Place of Business:**2201 SW 42ND AVENUE
203
WEST PARK, FL 33023**Current Mailing Address:**17240 NW 64TH AVENUE APT 114
APT 114
HIALEAH, FL 33015 US**FEI Number: APPLIED FOR****Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BURTS, NAYLA A
2201 SW 42ND AVENUE
203
WEST PARK, FL 33023 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 DIR
Name BURTS, NAYLA A
Address 2201 SW 42ND AVENUE
City-State-Zip: WEST PARK FL 33023Title DIR
Name HOLMES, SHAQUELLIA R
Address 2201 SW 42ND AVE
City-State-Zip: WEST PARK FL 33023Title DIR
Name HAYNES, YOHANCE D
Address 2201 SW 42ND AVE
City-State-Zip: WEST PARK FL 33023Title OFF
Name BURTS, CLARENCE
Address 2201 SW 42ND AVENUE
City-State-Zip: WEST PARK FL 33023Title DIRECTOR
Name BURTS, EBONI CANDACE
Address 2201 SW 42ND AVENUE
203
City-State-Zip: WEST PARK FL 33023

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: EBONI C BURTS**DIRECTOR****01/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date