

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000002330

Entity Name: ILA EDUCATION INC.**Current Principal Place of Business:**765 SW DALTON CIRCLE
PORT ST LUCIE, FL 34953**Current Mailing Address:**765 SW DALTON CIRCLE
PORT ST LUCIE, FL 34953 US**FEI Number:** 84-4980717**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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	P
Name	LACOMBE, NORMAN
Address	765 SW DALTON CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	SEC
Name	LACOMBE, NORMAN
Address	765 SW DALTON CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	DIR
Name	PERPETUO, AMBER
Address	765 SW DALTON CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	TRE
Name	LACOMBE, NORMAN
Address	765 SW DALTON CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	DIR
Name	ISENHOWER, LORI
Address	765 SW DALTON CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	DIR
Name	WHITTEN, DAWN
Address	765 SW DALTON CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34953

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: NORMAN LACOMBE**PRESIDENT****05/01/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date