

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000001045

**Entity Name:** SOAR EDUCATION INC.

**Current Principal Place of Business:**

500 COLEMAN DR W  
WINTER HAVEN, FL 33884

**Current Mailing Address:**

500 COLEMAN DR W  
WINTER HAVEN, FL 33884

**FEI Number:** 87-4519112

**Certificate of Status Desired:** Yes

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

LONGO, HANK  
500 COLEMAN DR W  
WINTER HAVEN, FL 33884 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            CEO  
Name            LONGO, HANK  
Address        500 COLEMAN DR W  
City-State-Zip: WINTER HAVEN FL 33884

Title            P  
Name            JOZWIAK, BRIAN  
Address        668 ALVARADO  
City-State-Zip: NORTH PORT FL 34287

Title            DIR  
Name            TREUMAN, RICHARD  
Address        1105 N LAKE HOWARD DR  
City-State-Zip: WINTER HAVEN FL 33881

Title            DIR  
Name            ZIMMERMAN, KIM  
Address        500 COLEMAN DR W  
City-State-Zip: WINTER HAVEN FL 33884

Title            DIR  
Name            MYSLAJEK, SCOTT  
Address        1000 SHELARD PKWY  
City-State-Zip: ST LOUIS PARK MN 55426

*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:** HANK LONGO

CEO

01/19/2023

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

\_\_\_\_\_  
Date