

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000002474

**Entity Name:** ACCREDITING COMMISSION FOR CONTINUING EDUCATION, INC.

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**1186989632CC**

**Current Principal Place of Business:**

9900 W SAMPLE RD  
203  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

9900 W SAMPLE RD  
203  
CORAL SPRINGS, FL 33065 US

**FEI Number: 92-3316182**

**Certificate of Status Desired: No**

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

SOARD, TODD  
9900 W SAMPLE RD  
203  
CORAL SPRINGS, FL 33065 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, D  
Name SOARD, TODD DR.  
Address 9900 W SAMPLE RD #300  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name BENAVENTE, MIGUEL DR.  
Address 9900 W SAMPLE RD #300  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name KERNS, MONAI  
Address 9900 W SAMPLE RD #300  
City-State-Zip: CORAL SPRINGS FL 33065

Title D  
Name SOARD, JACQUELINE  
Address 9900 W SAMPLE RD #300  
City-State-Zip: CORAL SPRINGS FL 33065

Title DIRECTOR  
Name SOARD, COREY  
Address 9900 W SAMPLE RD  
203  
City-State-Zip: CORAL SPRINGS FL 33065

*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: TODD SOARD**

**PRESIDENT**

**04/03/2024**

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

\_\_\_\_\_  
Date