

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000034955

Entity Name: EXPERIENCE LEARNING CENTER FOR MIDDLE AND HIGH SCHOOL, INC.

Current Principal Place of Business:

1549 NE 27TH STREET
WILTON MANORS, FL 33334

Current Mailing Address:

1549 NE 27TH STREET
WILTON MANORS, FL 33334 US

FEI Number: 46-2687908

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHRADER, PATRICK J
1549 NE 27TH STREET
WILTON MANORS, FL 33334 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 PRESIDENT
Name SCHRADER, PATRICK J
Address 1549 NE 27TH STREET
City-State-Zip: WILTON MANORS FL 33334

Title SECRETARY
Name SCHRADER, MARLENE M
Address 123 COURT STREET
City-State-Zip: NEW HAVEN IN 46774

Title ASST. SECRETARY
Name BRENDA, WRIGHT J
Address 1229 ROSE AVENUE
City-State-Zip: NEW HAVEN IN 46774

Title TREASURER
Name MESA, JULIO
Address 5709 NW 65TH TERRACE
City-State-Zip: TAMARAC FL 33321

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICK J. SCHRADER

PRESIDENT

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date