

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000003749

FILED
Apr 28, 2012
Secretary of State

Entity Name: EACH1TEACH1 REHABILITATION SERVICES, INC

Current Principal Place of Business:

235 BUCKSKIN CIR
MIDWAY, FL 32343 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 437
MIDWAY, FL 32343 US

New Mailing Address:

FEI Number: 27-4883397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, TEQUEDA S
235 BUCKSKIN CIR
MIDWAY, FL 32343 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: ROBINSON, CHANDRIEKA N
Address: PO BOX 437
City-St-Zip: MIDWAY, FL 32343 US

Title: VP
Name: JOHNSON, TEQUEDA S
Address: PO BOX 437
City-St-Zip: MIDWAY, FL 32343 US

Title: SEC
Name: GLASS, SANDRA D
Address: PO BOX 437
City-St-Zip: MIDWAY, FL 32343 US

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: CHANDRIEKA N ROBINSON

MS.

04/28/2012

Electronic Signature of Signing Officer or Director

Date