# ANNUAL REPORT

**FILED**
**Mar 31, 2004 8:00 am**
**Secretary of State**
03-31-2004 90022 029 ****61.25

DOCUMENT # 741555

1. Entity Name
NORTH PORT COMMUNITY EDUCATIONAL CENTER, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4940 N. PAN AMERICAN BLVD.<br>P.O. BOX 7113<br>NORTH PORT, FL 34287 US | 4940 N. PAN AMERICAN BLVD.<br>P.O. BOX 7113<br>NORTH PORT, FL 34287 US |

01072004 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 59-1934386 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WILLIAMSON, TOM
173 LAZY RIVER ROAD
3610 LATHAIN LANE
NORTH PORT, FL 34287

**7. Name and Address of New Registered Agent**

Name: PETERSEN, MARY JANE
Street Address (P.O. Box Number is Not Acceptable): 6343 SAFFORD TERRACE
City: NORTH PORT FL Zip Code: 34287

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: MARY JANE Petersen — Mary Jane Petersen — March 29-2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $61.25**
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>DAVIS, CLARENCE E<br>173 LAZY RIVER ROAD<br>NORTH PORT, FL 34287 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>PETERSEN, MARY JANE<br>6343 SAFFORD TERRACE<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>MILLER, CHARLES<br>7141 MESA COURT<br>NORTH PORT, FL 34287 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | V<br>BARNETT, HAZEL<br>6142 FREEMONT STREET<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ULRICH, GINGER<br>1956 DENALL STREET<br>NORTH PORT, FL 34287 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | S<br>ZUREK, VICKY<br>6416 MIDAS PLACE<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PETERSON, MARY JANE<br>6343 SAFFORD TERRACE<br>NORTH PORT, FL 34287 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>ULRICH, GINGER<br>1956 DENALI STREET<br>NORTH PORT, FL 34287 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>KNOPE, BESS<br>3273 BISCAYNE DRIVE S<br>NORTH PORT, FL 34287 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BARNETT, HAZEL<br>6142 FREEMONT STREET<br>NORTH PORT, FL 34287 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>BENEVENTO, MARILYN<br>3751 N. GIBLIN DRIVE<br>NORTH PORT, FL 34286 | ☐ Change ☒ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Mary Jane Petersen