2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State
02-11-2005 90048 037 ****61.25

DOCUMENT # 741555

1. Entity Name

NORTH PORT COMMUNITY EDUCATIONAL CENTER, INC.

Principal Place of Business	Mailing Address
4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US	4940 N. PAN AMERICAN BLVD. P.O. BOX 7113 NORTH PORT FL 34287 US

J00140J1

1st MOORE CR2E037 (10/04)

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	7. Name and Address of New Registered Agent
PETERSEN, MARY J 6343 SAFFORD TERRACE NORTH PORT FL 34287	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 PETERSEN, MARY J 6343 SAFFORD TERRACE NORTH PORT FL 34287 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BARNETT, HAZEL 6142 FREEMONT STREET NORTH PORT FL 34287 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC HOLDRIDGE, DARLENE 6389 MATARO COURT NORTH PORT, FL 34287 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZUREK, VICKY 6146 MIDAS PLACE NORTH PORT FL 34287 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ULRICH, GINGER 1956 DENALI STREET NORTH PORT, FL 34287 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ULRICH, GINGER 1956 DENALI STREET NORTH PORT FL 34287 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, BETTY 5044 KINGSLEY ROAD NORTH PORT, FL 34287 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KNOPE, BESS 3273 BISCAYNE DRIVE S NORTH PORT FL 34287 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BENVENTO, MARILYN 3751 N. GIBLIN DRIVE NORTH PORT FL 34286 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: Darlene Holdridge DARLENE Holdridge 2/5/05 941-426-7753
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #