2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2006 8:00 am
Secretary of State
03-08-2006 90189 013 ****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

1st MOORE CR2E037 (10/05)

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

PETERSEN, MARY J
6343 SAFFORD TERRACE
NORTH PORT FL 34287

7. Name and Address of New Registered Agent

Name HOLDRIDGE, DARLENE

Street Address (P.O. Box Number is Not Acceptable)

6389 MATARO COURT

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 Darlene Holdridge DARLENE HOLDRIDGE, PRES. FEB. 27, 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2006

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	PRES. DARLENE HOLDRIDGE 6389 MATARO COORT NORTH PORT, FL 34287	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HOLDRIDGE, DARLENE 6389 MATARO COURT NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES RALPH NOBLE 3152 OKLAHOMA ST. NORTH PORT, FL 34286	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ULRICH, GINGER 1956 DENAL STREET NORTH PORT FL 34287	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC. NANCY SLATER 6231 TALBOT STREET NORTH PORT, FL 34287	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MILLER, BETTIE 5044 KINGSLEY ROAD NORTH PORT FL 34287	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREAS. BETTIE J. MILLER 5044 KINGSLEY RD. 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	D KNOPE, BESS 3273 BISCAYNE DRIVE, S. NORTH PORT, FL 34287	☐ 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	D MARILYN BENVENTO 3751 GIBLIN DRIVE, N NORTH PORT, FL 34286	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Bettie J. Miller BETTIE J. MILLER FEB. 27, 2006 941-426-8660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #