

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002064

FILED
Jan 14, 2005
Secretary of State

Entity Name: AHIA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

7043 DONEGAL DRIVE
ONSTED, MI 49265 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 449
ONSTED, MI 492650449 US

New Mailing Address:

FEI Number: 36-3666960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, JUDITH
3652 N.W. 52ND
GAINESVILLE, FL 32606 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: D () Delete
Name: BOGUSZ, PATRICIA M
Address: 7043 DONEGAL DRIVE
City-St-Zip: ONSTED, MI 49265 US

Title: D () Delete
Name: RUPPERT, MARK P
Address: 116 N RALSTON BLVD SUITE 900
City-St-Zip: LOS ANGELES, CA 90048 US

Title: D () Delete
Name: WEATHERFORD, DEBI
Address: 1584 TULLIE CIRCLE
City-St-Zip: ATLANTA, GA 30329 US

Title: D () Delete
Name: YOUNG, KAREN
Address: 8550 UNITED PLAZA BLVD, SUITE 1001
City-St-Zip: BATON ROUGE, LA 70809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WEATHERFORD, DEBI
Address: 1584 TULLIE CIRCLE
City-St-Zip: ATLANTA, GA 30329 US

Title: D (X) Change () Addition
Name: G. RANDOLPH, JUST
Address: 5640 SMETANA DRIVE, MR 85295
City-St-Zip: MINNEAPOLIS, MN 5543-5012 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: PATRICIA M. BOGUSZ

ED

01/14/2005

Electronic Signature of Signing Officer or Director

Date