


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

FILED
Jan 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N02000003487 1. Entity Name THE VISUAL HISTORY & LEARNING PROJECT, INC.		
Principal Place of Business 325 EXEC CENTER DRIVE #A-104 WEST PALM BEACH FL 33401		Mailing Address 325 EXEC CENTER DRIVE #A-104 WEST PALM BEACH FL 33401
2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country



1st MOORE CR2E037 (10/04)

4. FEI Number 37-1429731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent JORDAN, JOAN 325 EXEC CENTER DRIVE #A-104 WEST PALM BEACH FL 33401	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D JORDAN, JOAN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	325 EXEC CENTER DRIVE #A-104	NAME	
STREET ADDRESS	WEST PALM BEACH FL 33401	STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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02/01/05-80085-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ 1/25/05 561-632-3139

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #