

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007532

FILED  
Apr 21, 2005  
Secretary of State

**Entity Name:** APPLIED TECHNOLOGY ACCESS CENTER COMMUNITY AND ECONOMIC DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

800 VIRGINIA AVENUE  
SUITE 36  
FT. PIERCE, FL 34950

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 4138  
FT. PIERCE, FL 34948

**New Mailing Address:**

**FEI Number:** 30-0090306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ELLIS, MARY  
800 VIRGINIA AVENUE  
SUITE 36  
FT. PIERCE, FL 34950 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: PD ( ) Delete  
Name: GEORGE, JOHN  
Address: 707 N. 19TH STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: VD ( ) Delete  
Name: WALKER, RODRICK  
Address: 800 VIRGINIA AVENUE, SUITE 36  
City-St-Zip: FT. PIERCE, FL 34950

Title: TD ( ) Delete  
Name: ELLIS, MARY  
Address: 2112 S.W. VISEN COURT  
City-St-Zip: PORT ST. LUCIE, FL 34948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JOHN L. GEORGE

PD

04/21/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date