

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010335

FILED
Feb 04, 2004
Secretary of State

Entity Name: TUITION PAINTERS EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

3605 DONEGAL DRIVE
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3605 DONEGAL DRIVE
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 20-0434655 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOST, BRUCE J
3605 DONEGAL DRIVE
TALLAHASSEE, FL 32309

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: ELICK, PAUL E
Address: 914 QUEEN STREET
City-St-Zip: ALEXANDRIA, VA 22314

Title: PCEO () Delete
Name: HOST, BRUCE J
Address: 3605 DONEGAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: HOST, BRUCE J
Address: 3605 DONEGAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

Title: STD () Delete
Name: HOST, SANDRA C
Address: 3605 DONEGAL DRIVE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FLICK, PAUL E
Address: 914 QUEEN STREET
City-St-Zip: ALEXANDRIA, VA 22314

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: BRUCE J. HOST

PRES

02/04/2004

Electronic Signature of Signing Officer or Director

_____ Date