

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001885

FILED
Apr 18, 2006
Secretary of State

Entity Name: CETA FOUNDATION, INC.

Current Principal Place of Business:

13986 MAGNOLIA GLEN CIR
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

13986 MAGNOLIA GLEN CIR
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 20-0750852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POTTS, LOLA
13986 MAGNOLIA GLEN CIR
ORLANDO, FL 32828 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: P () Delete
Name: DAVIS, JOHN
Address: 13986 MAGNOLIA GLEN CIR
City-St-Zip: ORLANDO, FL 32828

Title: V () Delete
Name: CROSIER, MINETTA
Address: 13986 MAGNOLIA GLEN CIR
City-St-Zip: ORLANDO, FL 32828

Title: T () Delete
Name: GIBSON, CARMINE
Address: 13986 MAGNOLIA GLEN CIR
City-St-Zip: ORLANDO, FL 32828

Title: S () Delete
Name: SARGESE, MILLIE
Address: 13986 MAGNOLIA GLEN CIR
City-St-Zip: ORLANDO, FL 32828

Title: D () Delete
Name: POTTS, LOLA
Address: 13986 MAGNOLIA GLEN CIR
City-St-Zip: ORLANDO, FL 32828

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:

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 Chapter 119, 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: LOLA POTTS

DIRE

04/18/2006

Electronic Signature of Signing Officer or Director

Date