

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28481

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: RELGALF EDUCATIONAL ASSISTANCE CORP.

**Current Principal Place of Business:**

C/O GEORGE G. MATTHEWS  
1925 N FLAGLER DR  
W PALM BCH, FL 33407 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GEORGE G. MATTHEWS  
1925 N FLAGLER DR  
W PALM BCH, FL 33407 US

**New Mailing Address:**

FEI Number: 65-0073717      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MATTHEWS, GEORGE G  
1925 N FLAGLER DR  
W PALM BCH, FL 33407 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: MATTHEWS, GEORGE G.  
Address: 1925 N FLAGLER DR  
City-St-Zip: W PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: SMITH, CLINT  
Address: 96947 HWY. 140 E.  
City-St-Zip: LAKEVIEW, OR 97630

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

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 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: GEORGE G. MATTHEWS

PD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date