

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 06, 2004 8:00 am
Secretary of State

07-06-2004 90112 021 ****61.25

DOCUMENT # N42498

1. Entity Name

GALE RAGAN EDUCATIONAL CONSULTING FIRM, INC.



Principal Place of Business

16081 123RD TER N
 JUPITER FARMS FL 33478

Mailing Address

16081 123RD TER N
 JUPITER FARMS FL 33478

850-245-6939

2. Principal Place of Business *1166 Atlantic Drive*

3. Mailing Address
1166 Atlantic Dr NW



MOORE CR2E037 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State *Atlanta, GA*

City & State
Atlanta, GA

4. FEI Number *56-2314543*
~~65-0312671~~

Applied For
 Not Applicable

Zip *30318*

Country
USA

Zip *30318*

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RAGAN, GALE
 16081 123RD TER N
 JUPITER FARMS FL 33478

Name *Gale Ragan*
 Street Address (P.O. Box Number is Not Acceptable)
2110 Jackson Bluff Road
#6A
 City *Tallahassee, FL* Zip Code *32304*

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 *Gale Ragan* DATE *3/5/2004*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAGAN, GALE 16081 123RD TER N JUPITER FARMS FL 33478	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WARREN, PATRICIA 1673 GREENBOROUGH RD CAMILLA GA, 31730	<input checked="" type="checkbox"/> Delete <i>position change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REID, MELVIN T 16081 123RD TER N JUPITER FARMS FL 33478	<input checked="" type="checkbox"/> Delete <i>position change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REID, DAVID J 16081-123RD TER N JUPITER FARMS FL 33478	<input type="checkbox"/> Delete <i>Address change only</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, TAMARA 4161 WIND CT NORCROSS GA 30093	<input checked="" type="checkbox"/> Delete <i>position change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT, EDITH 1505 COLQUITT AVE. ALBANY GA 71305	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Melvin T. Reid, Jr. 2110 Jackson Bluff Road Apt 6A Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President <i>Acileana Santos</i> <i>1944 Andrews Ave 6A</i> <i>Bronx NY 10453</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Patricia Warren <i>1673 Greenough Rd.</i> <i>Camilla, GA 31730</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer David J Reid 1166 Atlantic Dr NW Atlanta, GA 30318	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary/Treasurer Tamara Warren 4161 Wind Ct Norcross, GA 30093	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Annmichael Smart 20038 NW 65 Ct. Miami Lakes, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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: *Gale Ragan* DATE *3/5/2004* DAYTIME PHONE # *404-876-4778*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR