

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42498

FILED
Sep 12, 2007
Secretary of State

Entity Name: GALE RAGAN EDUCATIONAL CONSULTING FIRM, INC.

Current Principal Place of Business:

3025 S. ADAMS ST
311
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

1673 GREENOUGH RD
CAMILLA, GA 31730 US

New Mailing Address:

FEI Number: 56-2314543 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

RAGAN, GALE
3025 S. ADAMS ST
APT. 311
TALLAHASSEE, FL 32301 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: REID, MELVIN T JR
Address: 3025 S. ADAMS ST. APT. 311
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP () Delete
Name: SANTOS, ACILEGRA
Address: 917 SHERIDAN AVE. APT. 6E
City-St-Zip: BRONX, NY 10451

Title: S () Delete
Name: RAGAN, GALE
Address: 1673 GREENOUGH RD
City-St-Zip: CAMILLA, GA 31730

Title: T () Delete
Name: FELLS, MARQUETTA
Address: 1673 GREENOUGH RD
City-St-Zip: CAMILLA, GA 31730 US

Title: D () Delete
Name: WEDDABURNE, LESIA
Address: 3415 ELMIRA AVE.
City-St-Zip: CLAREMONT, CA 91711

Title: D () Delete
Name: BENNETT, EDITH
Address: 1505 COLQUITT AVE.
City-St-Zip: ALBANY, GA 71305 US

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
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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 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: GALE RAGAN

S

09/12/2007

Electronic Signature of Signing Officer or Director

_____ Date