

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000003854**  
 1. Entity Name  
 ETA NU EDUCATION FOUNDATION, INC.



Principal Place of Business: 921 N.W. 6TH ST. POMPANO BEACH, FL 33061  
 Mailing Address: P.O. BOX 547 POMPANO BEACH, FL 33061

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0931808 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HARRELL, HARRY B  
 7498 N.W. 48TH ST.  
 LAUDERHILL, FL 33319

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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: *Kary B. Samuel* (NOTE: Registered Agent signature required when reinstating) DATE:

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	HARRELL, HARRY B
STREET ADDRESS	7498 NW 48TH ST.
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	D
NAME	SMITH, JOSEPH
STREET ADDRESS	1501 NW 3RD WAY
CITY-ST-ZIP	POMPANO BEACH, FL 33060
TITLE	T
NAME	DAVIS, MELVIN
STREET ADDRESS	2430 NW 9TH ST.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000167796  
 07/22/04-80009-010 61.25

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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: *Kary B. Samuel* 7/14/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #