


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90003 031 ****61.25

DOCUMENT # N99000006907		
1. Entity Name ROACH MOTIVATIONAL EDUCATION FOUNDATION, INC.		
Principal Place of Business 341 20TH STREET SE NAPLES, FL 34117	Mailing Address 341 20TH STREET SE NAPLES, FL 34117	

54060820



07062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 31-1714193	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

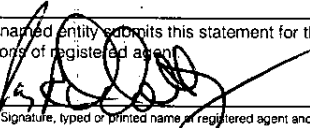
DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHOTT, JAMES
 341 20TH STREET SE.
 NAPLES, FL 34117

DO NOT WRITE IN THIS SPACE

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:  James Schott 07/06/2004

Signature, typed or printed name of registered agent and title if applicable. (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 NAME STREET ADDRESS CITY - ST - ZIP	PTD SCHOTT, JAMES 341 20TH STREET SE NAPLES, FL 34117
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV MANLEY, PAUL 2150 GOODLETTE ROAD NORTH NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, FRED 1800 IMMOKALEE ROAD NAPLES, FL 39142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SCALLAN, LISA 401 9TH STREET NORTH IMMOKALEE, FL 39142
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROACH, FRANK 4343 ALBON ROAD MONCLOVA, OH 43542
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TOURON, MANNY 401 9TH STREET NORTH IMMOKALEE, FL 39142

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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:  James R. Schott Jr President 07/06/2004 453-3190 ⁽²³⁹⁾

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #