2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2004
Secretary of State

DOCUMENT# N94000005649

Entity Name: FOUNDATION FOR TRUE LEARNING, INC.

Current Principal Place of Business:

1775 W. MANILA LANE
LECANTO, FL 34461 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640621
BEVERLY HILLS, FL 344640621

New Mailing Address:

FEI Number: 59-3283643 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALAS, DAVID
1775 W MANILA LANE
LECANTO, FL 34461 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: D ( ) Delete
Name: COTTER, ANNE MARIE
Address: 1775 W MANILA LANE
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete
Name: SALAS, DAVID PAUL JR
Address: 233 LOCKETT STATIM RD
City-St-Zip: ALBANY, GA 31707

Title: D ( ) Delete
Name: SALAS, DAVID
Address: 1775 W MANILA LANE
City-St-Zip: LECANTO, FL 34461

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SALAS, PETER
Address: 12308 TWINKLING STAR PLACE
City-St-Zip: RIVERVIEW, FL 31707

Title: D (X) Change ( ) Addition
Name: SALAS, DAVID
Address: 1775 W MANILA LANE
City-St-Zip: LECANTO, FL 33569

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DAVID SALAS D 01/05/2004

Electronic Signature of Signing Officer or Director Date