

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

**FILED**  
**Feb 18, 2004 8:00 am**  
**Secretary of State**

02-18-2004 90011 028 \*\*\*\*61.25

**DOCUMENT # N96000001549**

1. Entity Name

ADAMS EDUCATIONAL CENTER, INC.



Principal Place of Business

1800 W. WASHINGTON ST.  
ORLANDO FL 32805

Mailing Address

1800 W. WASHINGTON ST.  
ORLANDO FL 32805

*ADAMS Educational Center, INC*

2. Principal Place of Business

*1800 W. Washington St.*

3. Mailing Address

*1800 W. Washington St.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

*Orlando, FL*

City & State

*Orlando, FL*

4. FEI Number

59-3462744

Applied For

Not Applicable

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

ADAMS, RUTHA M  
110 S ORTMAN DR  
ORLANDO FL 32805

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Rutha M. Adams*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

TITLE **D** ☐ Delete  
NAME **ADAMS, FRED**  
STREET ADDRESS **9066 FLORIBUNDA DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **D** ☐ Delete  
NAME **JACKSON, MARILYN**  
STREET ADDRESS **349 HAMMOCK TRL.**  
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **DS** ☐ Delete  
NAME **ROBINSON, BARBARA**  
STREET ADDRESS **9102 FLORIBUNDA DRIVE**  
CITY-ST-ZIP **ORLANDO FL 32818**

TITLE **DVT** ☐ Delete  
NAME **BROWN, CHERYL**  
STREET ADDRESS **327 HARBOR POINT BLVD**  
CITY-ST-ZIP **ORLANDO FL 32835**

TITLE **P** ☐ Delete  
NAME **ADAMS, RUTHA M**  
STREET ADDRESS **110 S. ORTMAN DR**  
CITY-ST-ZIP **ORLANDO FL 32805**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Rutha M. Adams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*2-15-04*