

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001549

FILED  
Apr 30, 2006  
Secretary of State

Entity Name: ADAMS EDUCATIONAL CENTER, INC.

## Current Principal Place of Business:

ADAMS EDUCATIONAL CENTER, INC.  
1800 W. WASHINGTON ST.  
ORLANDO, FL 32805

## New Principal Place of Business:

## Current Mailing Address:

ADAMS EDUCATIONAL CENTER, INC.  
1800 W. WASHINGTON ST.  
ORLANDO, FL 32805

## New Mailing Address:

FEI Number: 59-3462744

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ADAMS, RUTHA M  
110 S ORTMAN DR  
ORLANDO, FL 32805 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: ADAMS, FRED  
Address: 9066 FLORIBUNDA DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete  
Name: JACKSON, MARILYN  
Address: 349 HAMMOCK TRL.  
City-St-Zip: WEST PALM BEACH, FL 33413

Title: DS ( ) Delete  
Name: ROBINSON, BARBARA  
Address: 9102 FLORIBUNDA DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: DVT ( ) Delete  
Name: BROWN, CHERYL  
Address: 327 HAVOR POINT BLVD  
City-St-Zip: ORLANDO, FL 32835

Title: P ( ) Delete  
Name: ADAMS, RUTHA M  
Address: 110 S. ORTMAN DR  
City-St-Zip: ORLANDO, FL 32805

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: ADAMS, FRED  
Address: 110 S. ORTMAN DR  
City-St-Zip: ORLANDO, FL 32805

Title: D (X) Change ( ) Addition  
Name: JACKSON, MARILYN  
Address: 4818 ROLLING OAK DRIVE  
City-St-Zip: ORLANDO, FL 32818

Title: DS (X) Change ( ) Addition  
Name: ROBINSON, BARBARA  
Address: 110 S. ORTMAN DR  
City-St-Zip: ORLANDO, FL 32805

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 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: RUTHA M. ADAMS

PRES

04/30/2006

Electronic Signature of Signing Officer or Director

Date