2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 18, 2003 8:00 am Secretary of State

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1. Entity Nar	MENT # 767775 THEACH INTERNATIONAL MINORT PIERCE, FLORIDA	ISTRY; INCORPORAT	-				01-31-20	03 90125 (007 **	***61.25	
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	ce of Business	Mailing Address									
525 N. 11 STR FT. PIERCE FL		525 N. 11 STREET FT. PIERCE FL 34950						•			
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2. Principal F	Place of Business	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES							
City & State		City & State			4. FEI Number 59-2277701			\rightarrow	oplied For ot Applicable	,	
Ζiρ	Country	Zip	Cou	untry	5. Certific	5. Certificate of Status Desired			\$8.75 Additional Fee Required		1
	6. Name and Address of Current	Registered Agent			7. Name	and Address	of New Re	gistered Age	nt		1
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MACKEY,	, HARRY L			Street 4	ddress (P.O. Box Nu	mher is Not	Accentable)			. ×	-
	47 STREET	•		0.100(7			.ccopiable)				
FORT PIE	ERCE FL 34946							****			7
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				City				FL	Zip Cod	B	
	e named entity submits this statement for tions of registered agent.	The purpose of changing its	registere	ed dince d	r registered agent, or	DOM, IN THE	State of Flori	da. 1 am tami	iliar with,	and accept	
SIGNATURE .	Signature, typed or printed game of registered exect s	and title if employable (NOTE	Registeres	d Anent evner	une required when reinstation			DATE			
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	d Agent signer	ture required when reinstating)		DATE			
	Signature, typed or printed name of registered agent a	9. Election Can Trust Fund C	npaign F	inancing	\$5.00 M. Added to F.	ау Ве		e Check Pa			
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-10— TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	FILE NOW: FEE IS \$61.25 PT MACKEY, HARRY L 2400 NORTH 47TH STREET FORT PIERCE FL 34948 TS MARTIN, BONITA	9. Election Can Trust Fund C	= _11 TITLE NAME STREE	E E E ADDRESS - ST-ZIP	SECRETARY	ay Be	Fiorida O OFFICERS	e Check Pa Departme	TORS IN	State 10	CR2E037 (10/02)
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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 817, Florida Statues; 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:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-05 Dam