2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# F04000002475

Entity Name: HAGGAI INSTITUTE FOR ADVANCED LEADERSHIP TRAINING, INC.

Current Principal Place of Business:

P.O. BOX 13
ATLANTA, GA 303702801

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13
ATLANTA, GA 303702801

New Mailing Address:

FEI Number: 58-0898309 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:	C	( ) Delete
Name:	HAGGAI, JOHN EDMUND	
Address:	4725 PEACHTREE CORNERS CIRCLE, STE. 100	
City-St-Zip:	NORCROSS, GA 300922553	
Title:	VCEO	( ) Delete
Name:	HINSON, WILLIAM M	
Address:	4725 PEACHTREE CORNERS CIRCLE, STE. 100	
City-St-Zip:	NORCROSS, GA 300922553	
Title:	P	( ) Delete
Name:	SIMMONS, RANDY A	
Address:	4725 PEACHTREE CORNERS CIRCLE, STE. 100	
City-St-Zip:	NORCROSS, GA 300922553	
Title:	CFO	( ) Delete
Name:	ZACHARIAH, GEORGE	
Address:	4725 PEACHTREE CORNERS CIRCLE, STE. 100	
City-St-Zip:	NORCROSS, GA 300922553	
Title:	VP	( ) Delete
Name:	FOWLER, MARY ANNA	
Address:	C/O HOUND EARS CLUB, BOX 188	
City-St-Zip:	BLOWING ROCK, NC 286050188	
Title:	VP	( ) Delete
Name:	DOUDERA, RALPH J	
Address:	P.O. BOX 9178	
City-St-Zip:	VIRGINIA BEACH, VA 234509178	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: GEORGE ZACHARIAH CFO 01/04/2005

Electronic Signature of Signing Officer or Director — Date