


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000005637**

1. Entity Name  
**AMERICAN BRIDGE TEACHERS' ASSOCIATION INC.**



Principal Place of Business      Mailing Address

14840 CRYSTAL COVE CT #503      14840 CRYSTAL COVE CT #503  
 FT MYERS, FL 33919-7417      FT MYERS, FL 33919-7417

**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-NP      CR2E037 (10/03)

4. FEI Number  
**23-7270878**      Applied For  
 Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**HARRINGTON, PAT**  
**14840 CRYSTAL COVE CT #503**  
**FT MYERS, FL 33919-7417**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHAFFER, LESLIE 690 CONCERTO LANE SILVER SPRING, MD 209015004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCOTT, DENNIS 95 GALLIMORE DR. FREDERICKSBURG, VA 22407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HARRINGTON, PAT 14840 CRYSTAL COVE CT #503 FT MYERS, FL 339197417
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 01/11/05-80020-005 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Pat Harrington      Pat Harrington      1/4/05      239-437-4106  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #