2005 NOT-FOR-PROFIT CORPORATION

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ANNUAL REPORT					Jan 11, 2005 08:00		
DOCUMENT # F98000005637				∑ a	Secre	etary of Stat	
1. Entity Name				£ 5		-	
AMÉRICAN BRIDGE TEACHERS' ASSOCIATION INC.							
			100	<i>in</i> .			
Principal Plac	e of Business	Mailing Address					
14840 CRYSTAL COVE CT #503 14840 CRYSTAL COVE CT #50			03				
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				01043008	01042005 No Chg-NP CR2E037 (10/03)		
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j dan dika			Y	4. FEI Numi 23-72		Applied For Not Applicable	
				0.00(0.00		\$8.75 Additional	
				5. Cermical	e of Status Desired 🔲	Fee Required	
6. Name and Address of Current Registered Agent					navarias su su su programa de la compania de la co Programa de la compania de la compa		
HARRINGTON, PAT 14840 CRYSTAL COVE CT #503 FT MYERS, FL 33919-7417				nΛ	NOT WRI	TE	
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	e named entity submits this statement for tions of registered agent.	the purpose or changing its register	tea oillee of fe	gistered agent, or b	OUI, IN INE SIBLE OI PIONOB. 1	am lamiliai wish, and accept	
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SIGNATURE.	Signature, typed or printed name of registered agent as	d file if applicable. (NOTE Register	ed Agent signature i	required when reinstating)	Va .	NTE	
		B. Stoetion Compaign Sine	unalna	#E 00			
		 Election Campaign Final Trust Fund Contribution 		\$5.00 May Be Added to Fees			
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10.	OFFICERS AND D	IRECTORS			<mark>anddo sigu armadhau addi</mark> ug nu Erfyr rywyd ace ard addiol Carl	daana aasa bahyinasiiniihiinaalia.is Jayoo garaa	
NAME							
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CITY-ST-ZIP	FREDERICKSBURG, VA 22407			de tour mineral de la faire		g landige to the latest of the second	
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STREET ADDRESS CITY-ST-ZIP	14840 CRYSTAL COVE CT #503 FT MYERS, FL 339197417			Principle DC	NOT WRI		
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STREET ADDRESS	1		Francisco I				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-ZIP MIE NAME STREET ADDRESS CITY-ST-ZIP

239-437-4106