

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002858

FILED
Aug 19, 2004
Secretary of State**Entity Name:** EDUCATION, TRAINING AND CONSULTING INCORPORATED**Current Principal Place of Business:**7125 FRUITVILLE ROAD
#144
SARASOTA, FL 34240**New Principal Place of Business:****Current Mailing Address:**7125 FRUITVILLE ROAD
#144
SARASOTA, FL 34240**New Mailing Address:****FEI Number:** 65-1003390**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SPONG, DAVID J
7125 FRUITVILLE ROAD
#144
SARASOTA, FL 34240**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:** PD () Delete
Name: SPONG, DAVID T
Address: N 2434 ELGIN CLUB DR
City-St-Zip: LAKE GENEVA, WI 53147 US**Title:** VPD () Delete
Name: SPONG, DARREN
Address: 7125 FRUITVILLE ROAD
City-St-Zip: SARASOTA, FL 34240 US**Title:** SD () Delete
Name: SPONG, JUDITH A
Address: N 2434 ELGIN CLUB DR
City-St-Zip: LAKE GENEVA, WI 53147 US**Title:** TD () Delete
Name: VANCE, NANCY S
Address: 3966 OMEGA LANE
City-St-Zip: SARASOTA, FL 34235 US**Title:** DIR () Delete
Name: HEATH, DAWN
Address: STATE HWY 11
City-St-Zip: ELKHORN, WI 53121 US**Title:** DIR () Delete
Name: HEATH, MICHAEL
Address: N2434 ELGIN CLUB DRIVE
City-St-Zip: LAKE GENEVA, WI 53147 US**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
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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: DAVID J SPONG

PD

08/19/2004

Electronic Signature of Signing Officer or Director

Date