

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004693

FILED
Apr 29, 2004
Secretary of State

Entity Name: FAMILY EDUCATION CENTER, INC.

Current Principal Place of Business:

22 HIGHWAY 40 E
INGLIS, FL 34449

New Principal Place of Business:

Current Mailing Address:

22 HIGHWAY 40 E
INGLIS, FL 34449

New Mailing Address:

FEI Number: 31-1721770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POULOS, GREGORY G
48 AZALEE AVENUE
INGLIS, FL 34449 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: PD () Delete
Name: PATERSON, WILLIAM B
Address: 10865 N. ALOHA POINT
City-St-Zip: CRYSTAL RIVER, FL 34428

Title: TD () Delete
Name: POULOS, GREGORY G
Address: 48 AZALEE AVENUE
City-St-Zip: INGLIS, FL 344449

Title: SD () Delete
Name: GOLDSBY, CHARLES W III
Address: 32 RISHER AVENUE
City-St-Zip: INGLIS, FL 34449

Title: VPD (X) Delete
Name: THOMPSON, PHILLIP
Address: 1001 HIGHWAY 40 E.
City-St-Zip: INGLIS, FL 34449

Title: D (X) Delete
Name: DEMERITT, REX
Address: 1770 N. TROY
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: POULOS, GREGORY G
Address: 48 AZALEE AVENUE
City-St-Zip: INGLIS, FL 344449

Title: VPD (X) Change () Addition
Name: THOMPSON, PHILLIP
Address: 1001 HIGHWAY 40 E.
City-St-Zip: INGLIS, FL 34449

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: GREGORY G. POULOS

TSD

04/29/2004

Electronic Signature of Signing Officer or Director

Date