

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90303 012 ****70.00

DOCUMENT # N00000004693

1. Entity Name

FAMILY EDUCATION CENTER, INC.



Principal Place of Business

22 HIGHWAY 40 E
INGLIS FL 34449

Mailing Address

22 HIGHWAY 40 E
INGLIS FL 34449



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

31-1721770

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

POULOS, GREGORY G
48 AZALEE AVENUE
INGLIS FL 34449

7. Name and Address of New Registered Agent

Name

PATERSON, WILLIAM, III

Street Address (P.O. Box Number is Not Acceptable)

10865 N ALOHA POINT

City

CRYSTAL RIVER

FL

Zip Code

34428

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

William B. Paterson III

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

4/5/06

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PATERSON, WILLIAM B	
STREET ADDRESS	10865 N. ALOHA POINT	
CITY- ST- ZIP	CRYSTAL RIVER FL 34428	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	POULOS, GREGORY G	
STREET ADDRESS	48 AZALEE AVENUE	
CITY- ST- ZIP	INGLIS FL 34449	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	THOMPSON, PHILLIP	
STREET ADDRESS	1001 HIGHWAY 40 E.	
CITY- ST- ZIP	INGLIS FL 34449	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULOS, GREGORY G	
STREET ADDRESS	1894 GLENWOOD ST NE	
CITY- ST- ZIP	PALM BAY, FL 32907	
TITLE	TSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, PHILLIP	
STREET ADDRESS	1001 HIGHWAY 40 E	
CITY- ST- ZIP	INGLIS, FL 34449	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

William B. Paterson III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/06 (352) 795-2137

Daytime Phone #