

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N00000004693**

1. Entity Name

**FAMILY EDUCATION CENTER, INC.**



Principal Place of Business

Mailing Address

**22 HIGHWAY 40 E  
INGLIS FL 34449**

**22 HIGHWAY 40 E  
INGLIS FL 34449**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**PATERSON, WILLIAM III  
10865 NORTH ALOHA POINT  
CRYSTAL RIVER FL 34428**

Name

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

City

**FL**

Zip Code

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

*William B Paterson III x 2-12-07*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	CHANGE	ADDITION
PD	PATERSON, WILLIAM B	10865 N. ALOHA POINT	CRYSTAL RIVER FL 34428	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VPD	POULOS, GREGORY G	1894 GLENWOOD ST NE	PALM BAY FL 32907	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
TSD	THOMPSON, PHILLIP	1001 HWY 40 EAST	INGLIS FL 34449	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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*

*William B Paterson III x 2-12-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #