

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005030

FILED
Jun 16, 2005
Secretary of State

Entity Name: THE LANGUAGE PROJECT, INC.

Current Principal Place of Business:

3862 IMAGINARY RD.
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

3862 IMAGINARY RD.
TALLAHASSEE, FL 32309

New Mailing Address:

FEI Number: 59-3661615 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KRESGE, CAROL A
3862 IMAGINARY RD.
TALLAHASSEE, FL 32309 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: D () Delete
Name: KRESGE, CAROL A
Address: 3862 IMAGINARY RD.
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: WILDE, KAREN B
Address: 9601 MICCOSUKEE RD., #2
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: ARMSTRONG, BENJAMIN
Address: 9601 MICCOSUKEE RD #27
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: KRESGE, LYNDA S
Address: 7 PLYMOUTH ST.
City-St-Zip: ARLINGTON, MA 02476

Title: D () Delete
Name: ELLEN, LAURICELLA
Address: 200 WEST PARK AVE
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: ARMSTRONG, BENJAMIN
Address: 18 CATAWBA TRAIL
City-St-Zip: CRAWFORDVILLE, FL 32327

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

Title: D (X) Change () Addition
Name: ELLEN, LAURICELLA
Address: 3120 TALLAVANA TRAIL
City-St-Zip: HAVANA, FL 32333

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: CAROL KRESGE

D

06/16/2005

Electronic Signature of Signing Officer or Director

Date