


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000008252 1. Entity Name FLORIDA COALITION FOR ASSESSMENT REFORM, INC.	
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Principal Place of Business 310 MICHIGAN AVENUE LYNN HAVEN, FL 32444	Mailing Address 310 MICHIGAN AVENUE LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



01232005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3690734	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIPKIN, GLORIA
310 MICHIGAN AVENUE
LYNN HAVEN, FL 32444**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BRADY, MARION 4285 NORTH INDIAN RIVER DRIVE COCOA, FL 32927
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CAO, QUAN 19910 VILLA LANTE PLACE BOCA RATON, FL 33434
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PIPKIN, GLORIA 310 MICHIGAN AVENUE LYNN HAVEN, FL 324441428
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ZEIGLER, JANICE K 210 W 15TH ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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01/26/05-80004-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: Gloria Pipkin Gloria Pipkin 1/23/05 850-265-6438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #