

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90007 011 ****61.25

94024040



MOORE CR2E037 (11/03)

DOCUMENT # N00000008392 1. Entity Name NAPLES EDUCATION, INC.						
Principal Place of Business 16100 LIVINGSTON RD NAPLES FL 34110			Mailing Address 16100 LIVINGSTON RD NAPLES FL 34110			
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3687079 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>		
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent MENK, PHILIP JR. 16100 LIVINGSTON RD NAPLES FL 34110		
7. Name and Address of New Registered Agent Name HUCKINS, THOMAS Street Address (P.O. Box Number is Not Acceptable) 16100 LIVINGSTON RD City NAPLES FL Zip Code 34110				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 <i>[Signature]</i> THOMAS C. HUCKINS, BUS. MGR. 1/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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-ST-ZIP	D PIECZYNSKI, JIM <input type="checkbox"/> Delete 178 GRIEB ROAD WALLINGFORD CT			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIECZYNSKI, JAMES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 245 PERIMETER CTR PARKWAY, STE. 260 ATLANTA, GA 30346-2300	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CAROL <input type="checkbox"/> Delete 6875 HUNTERS ROAD NAPLES FL 34109			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Carol D. Moore <input type="checkbox"/> Change <input type="checkbox"/> Addition Secretary 6875 Hunters Rd Naples FL 34109	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARROQUIN, OSCAR <input checked="" type="checkbox"/> Delete 393 DERBY AVENUE ORANGE CT			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KIRK, PATRICK <input type="checkbox"/> Delete 9207 VANDERBILT DR., #2 NAPLES FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> Carol D. Moore <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				2-2-04 239-594-9888 <small>Date Daytime Phone #</small>		