

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90456 006 ****61.25

DOCUMENT # N01000000202 1. Entity Name BUSINESS EDUCATION SUPPORT BOARD, INCORPORATED					
Principal Place of Business 2000 S WASHINGTON AVE STE SB TITUSVILLE, FL 32780			Mailing Address 2000 S WASHINGTON AVE STE SB TITUSVILLE, FL 32780		
2. Principal Place of Business Suite, Apt. #, etc. SUITE 1		3. Mailing Address Suite, Apt. #, etc. SUITE 1			
City & State _____		City & State _____		01052004 Chg-NP CR2E037 (10/03)	
Zip _____ Country _____		Zip _____ Country _____		4. FEI Number 59-3699618	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GAEDCKE, MARCIA 2000 S. WASHINGTON AVE. TITUSVILLE, FL 32780			7. Name and Address of New Registered Agent 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 <u>Marcia Gaedcke, President</u> <u>Marcia Gaedcke</u> <u>5/5/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing 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	DST STEWART, DAVID 4525 ABBOTT AVE TITUSVILLE, FL 32780	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Al Keller Jr PO Box 423 Titusville, FL 32781-0423
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENASTON, JEANNIE 3684 MUIRFIELD DR TITUSVILLE, FL 32780	<input checked="" 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	D WILLIAMS, JOHN D 3948 RAMBLING ACRES DR TITUSVILLE, FL 32781	<input checked="" 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	D BOBAY, RONALD 850 KNOX MCRAE DR TITUSVILLE, FL 32780	<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	D CHRISTY, WALTER 4105 TRINIDAD AVE TITUSVILLE, FL 32780	<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	D SIECK, ROBERT 6208 WINDOVER WAY TITUSVILLE, FL 32780	<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: <u>MARCIA GAEDCKE, President</u> <u>Marcia Gaedcke</u> <u>5-5-04</u> <u>321-267-3036</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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