

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002744

**FILED**  
**Feb 19, 2004**  
**Secretary of State****Entity Name:** BLACK ALLIANCE FOR EDUCATIONAL OPTIONS-PALM BEACH COUNTY CHAPTER, INC.**Current Principal Place of Business:**1233 45TH STREET  
SUITE A-5  
WEST PALM BEACH, FL 33407**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 21626  
WEST PALM BEACH, FL 33416**New Mailing Address:****FEI Number:** 65-1158395**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HAYDEN, MARCIA  
11180 COBBLEFIELD RD  
WELLINGTON, FL 33467 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:** C ( ) Delete  
**Name:** HAYDEN, MARCIA  
**Address:** 11180 COBBLEFIELD ROAD  
**City-St-Zip:** WELLINGTON, FL 33467**Title:** VC ( ) Delete  
**Name:** CARPENTER, ROBERT  
**Address:** 10125 EASTMAR COMMONS DRIVE  
**City-St-Zip:** ORLANDO, FL 32825**Title:** T ( ) Delete  
**Name:** DUMARS, PAUL  
**Address:** P.O. BOX 18941  
**City-St-Zip:** WEST PALM BEACH, FL 33411**Title:** S ( ) Delete  
**Name:** PEARCY, MICHELLE  
**Address:** 8855 OKEECHOBEE BLVD #304  
**City-St-Zip:** WEST PALM BEACH, FL 33411**Title:** D ( ) Delete  
**Name:** GEUKA, FELISA  
**Address:** 1920 EMBASSY DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33401**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: MARCIA HAYDEN

C

02/19/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date