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

## Aug 02, 2004 8:00 am Secretary of State DOCUMENT # N01000002943 08-02-2004 90009 024 \*\*\*\*70 00 THE ELECT CHILDREN ACADEMY, INC. Principal Place of Business. Mailing Address 214 EMERSON DR NW 214 EMERSON DR NW TAAATI PALM BAY FL 32907 PALM BAY FL 32907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (4/04) City & State City & State 4. FEI Number Applied For 59-3719501 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Bequired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BRADSHAW, CATHY W Street Address (P.O. Box Number is Not Acceptable) 609 GILBERT DR. NE PALM BAY FL 32907 City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By September 8, 2004 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PTD TITLE ☐ Delete TITLE BRADSHAW, CATHY W NAME NAME 609 GILBERT DR. NE STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition BRADSHAW, CRAIG A SR. NAME MANAG 609 GILBERT DR. NE STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP City-St-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition THOMAS, ALVIN JR. MANT. NAME STREET ADDRESS 1034 GRANT ST STREET ADDRESS FELLSMERE FL 32948 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE YOUNG, MARVIN 2838 BRENTWOOD LN STREET ADDRESS STREET ADDRESS MELBOURNE FL 32935 CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition Delete TITLE RICHARDSON, ANNA 1220 CREEL RD NE NAME CORRECTION = WANNA NAME NAME STREET ADDRESS STREET ADDRESS PALM BAY FL 32905 CITY-ST-78 CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE SCOTT LAWRENCE, MICHELLE NAME NAME 1771 RADISSON ST NW STREET ADDRESS STREET ADDRESS PALM BAY FL 32907 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 receive 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

th an address, with all other like empowered.

SIGNATURE:

**FILED**