

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006801

Entity Name: AARDVARC.ORG, INC.

FILED  
May 17, 2005  
Secretary of State

## Current Principal Place of Business:

C/O CATHERINE NESMITH  
606 CALIBRE CREST PARKWAY #103  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

C/O CATHERINE NESMITH  
606 CALIBRE CREST PARKWAY #103  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 59-3736463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

NESMITH, CATHERINE  
606 CALIBRE CREST PARKWAY #103  
ALTAMONTE SPRINGS, FL 32714      US

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: P      ( ) Delete  
Name: BLACK, CYNTHIA  
Address: 606 CALIBRE CREST PARKWAY #103  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: S      ( ) Delete  
Name: CASSAVANT, MARY ANN  
Address: 606 CALIBRE CREST PARKWAY #103  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: M      ( ) Delete  
Name: NESMITH, CATHERINE  
Address: 606 CALIBRE CREST PARKWAY #103  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: T      ( ) Delete  
Name: WARD, LETITIA  
Address: 246 W HIGHLAND STREET  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S      (X) Change ( ) Addition  
Name: CASSAVANT, MARY ROSE  
Address: 606 CALIBRE CREST PARKWAY #103  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: CATHERINE NESMITH

M

05/17/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date