## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N01000007992** 

## FILED Jun 10, 2004 8:00 am Secretary of State 06-10-2004 90001 034 \*\*\*\*61.25

1. Entity Nam GUARAN STUDEN	TEED INVOLVEMENT FOR	TEACHERS &	S. Trains						
Principal Plac 1220 E. INDI UNIT 11 ORANGE CITY	USTRIAL DRIVE	Mailing Address P.O. BOX 741392 ORANGE CITY, FL	32774-1392				5405		9((\$\ \$\ \\$B)
2. Principal Place of Business 3. Ma		3. Mailing Address	alling Address		- 				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		05212004	Chg-NP	CR2E03	7 (10/03)	٠
City & Stat	e į	City & State			4. FEI Number 59-37560	14		<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country	/	5. Certificate of	Status Desired		8.75 Ad ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Ac	Idress of New F	legistered A	gent	
DEVANE.	IOELLE È		1	vame					
	DUSTRIAL DRIVE			Street Address	(P.O. Box Number i	s Not Acceptable	e)		
UNIT 11			· <del> </del> _	<del>-</del>					
ORANGE	CITY, FL 32763								
	•			Dity			FL	Zip Cod	de
	named entity submits this statement fo	the purpose of changin	g its registered o	office or registe	red agent, or both,	in the State of Fl	orida. I am f	amiliar with	, and accept
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registered Ag	ent signature require	d when reinstating)		DATE	<del></del>	}
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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. KAREN L. DEVANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIRECTOR