

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008671

FILED
Mar 18, 2005
Secretary of State

Entity Name: LINSON EDUCATIONAL ORGANIZATION, INC.

Current Principal Place of Business:

14801 PALM BEACH BOULEVARD
SUITE 201
FORT MYERS, FL 33905

New Principal Place of Business:

Current Mailing Address:

14801 PALM BEACH BOULEVARD
SUITE 201
FORT MYERS, FL 33905

New Mailing Address:

FEI Number: 65-1157032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: PD () Delete
Name: MARMION, CHRISTINA A
Address: 14801 PALM BEACH BOULEVARD
City-St-Zip: FORT MYERS, FL 33905

Title: V () Delete
Name: SMITH, SANDRA L
Address: 14801 PALM BEACH BOULEVARD
City-St-Zip: FORT MYERS, FL 33905

Title: SD () Delete
Name: NEWCOMER, MARY
Address: 14801 PALM BEACH BOULEVARD
City-St-Zip: FORT MYERS, FL 33905

Title: TD () Delete
Name: MARMION, CARY J
Address: 14801 PALM BEACH BOULEVARD
City-St-Zip: FORT MYERS, FL 33905

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:

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: CARY MARMION

TD

03/18/2005

Electronic Signature of Signing Officer or Director

Date