

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 04, 2005  
Secretary of State

DOCUMENT# N02000002937

Entity Name: EXPANDING MINDS, INC.

**Current Principal Place of Business:**

2591 WEST BEAVER STREET  
JACKSONVILLE, FL 32254

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 40552  
JACKSONVILLE, FL 322030552

**New Mailing Address:**

FEI Number: 59-3675648

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WHITE, MICHAEL  
11792 PAINTED DESERT WAY  
JACKSONVILLE, FL 32218 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: D ( ) Delete  
Name: WHITE, MICHAEL  
Address: 11792 PAINTED DESERT WAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: T ( ) Delete  
Name: WHITE, SHERRY  
Address: 11792 PAINTED DESERT WAT  
City-St-Zip: JACKSONVILLE, FL 32218

Title: S ( ) Delete  
Name: WHITE, DEON  
Address: 11792 PAINTED DESERT WAY  
City-St-Zip: JACKSONVILLE, FL 32218

Title: CHAP ( ) Delete  
Name: MATTHEWS, CAMERON  
Address: 9447 JONES ST  
City-St-Zip: JACKSONVILLE, FL 32209

Title: T ( ) Delete  
Name: RHODES, SARAH  
Address: 1152 BERTHA STREET  
City-St-Zip: JACKSONVILLE, FL 32254

**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: MICHAEL C. WHITE

D

04/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date