

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000003487

FILED  
Apr 30, 2004  
Secretary of State

Entity Name: THE VISUAL HISTORY & LEARNING PROJECT, INC.

**Current Principal Place of Business:**

325 EXEC CENTER DRIVE #A-104  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

325 EXEC CENTER DRIVE #A-104  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

FEI Number: 37-1429731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JORDAN, JOAN  
325 EXEC CENTER DRIVE #A-104  
WEST PALM BEACH, FL 33401

**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: JORDAN, JOAN  
Address: 325 EXEC CENTER DRIVE #A-104  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: SHEPARD, GAY  
Address: 325 EXEC CENTER DRIVE #B114  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: WACHTER, KUNIGUNDE  
Address: 325 EXEC CENTER DRIVE #A-104  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D ( ) Delete  
Name: MILLER, LARRY  
Address: 187 SNEDAN PLACE  
City-St-Zip: SPRING VALLEY, NY 10977

**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: D (X) Change ( ) Addition  
Name: MILLER, LARRY  
Address: 187 SNEDAN PLACE  
City-St-Zip: SPRING VALLEY, NY 10977

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: JOAN JORDAN

D

04/30/2004

Electronic Signature of Signing Officer or Director

Date