


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 14, 2004 8:00 am**  
**Secretary of State**

01-14-2004 90006 006 \*\*\*\*70.00

<b>DOCUMENT # N02000003501</b> 1. Entity Name ETA RHO EDUCATIONAL SERVICES, INC.					
Principal Place of Business 1836 20TH AVE S. ST. PETERSBURG, FL 33712			Mailing Address P.O. BOX 11723 ST. PETERSBURG, FL 33733		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 03-0470223	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TUCKER, IVAN W. 1636 42ND ST S. SAINT PETERSBURG, FL 33711				Name Street Address (P.O. Box Number is Not Acceptable) City	
8. 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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CM</i> BRUNSON, FRANK 7400 21ST ST N SAINT PETERSBURG, FL 33702			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CB S</i> TUCKER, IVAN 1636 43RD ST S. SAINT PETERSBURG, FL 33711			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>CD</i> WOOTEN, JOHN 2450 MADRID WAY S. SAINT PETERSBURG, FL 33712			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T</i> MCRAE, <i>EAT PAUL</i> 4218 CENTRAL AVE SAINT PETERSBURG, FL 33711			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D</i> WILLIAMS, CHARLIE 3001 58TH AVE S., #1002 SAINT PETERSBURG, FL 33742			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>TD</i> JOHNSON, MICHAEL 5501 5TH ST S. SAINT PETERSBURG, FL 33705			<input type="checkbox"/> Delete	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>[Signature]</i> <b>CHANCELLOR OF THE BOARD</b> <i>1/10/04</i> <i>727-743-4683</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					