

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004378

FILED
Mar 05, 2005
Secretary of State

Entity Name: ENCYCLIA ENTHUSIASTS, INC.

Current Principal Place of Business:

2748 SANTA BARBARA BLVD.
#7
NAPLES, FL 34116

New Principal Place of Business:

4070 LAKEWOOD BLVD.
NAPLES, FL 34112

Current Mailing Address:

2748 SANTA BARBARA BLVD.
#7
NAPLES, FL 34116

New Mailing Address:

4070 LAKEWOOD BLVD
NAPLES, FL 34112

FEI Number: 01-0716444

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIPKA, STEWART A
2748 SANTA BARBARA BLVD.
#7
NAPLES, FL 34116 US

Name and Address of New Registered Agent:

CHIPKA, STEWART A
4070 LAKEWOOD BLVD
NAPLES, FL 34112 US

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: STEWART A CHIPKA

03/05/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHIPKA, STEWART A
Address: 2748 SANTA BARBARA BLVD #7
City-St-Zip: NAPLES, FL 34116

Title: VP1D () Delete
Name: UNGER, RICHARD
Address: 3450 N. KILBOURN
City-St-Zip: CHICAGO, IL 60641

Title: VP2 () Delete
Name: PORLICK, MARY LOU
Address: 1822 S.W. 62 PL
City-St-Zip: MIAMI, FL 33155

Title: VP3D () Delete
Name: WOLFE, REBECCA
Address: 173 S. HAMPTON DR.
City-St-Zip: JUPITER, FL 33458

Title: SD () Delete
Name: LOPATIN, ISABEL
Address: 13 PINE ST
City-St-Zip: COLD SPRING, NY 10516

Title: TD () Delete
Name: LOPATIN, ISABEL
Address: 13 PINE ST
City-St-Zip: COLD SPRING, NY 10516

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:

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: STEWART A CHIPKA

PRES

03/05/2005

Electronic Signature of Signing Officer or Director

Date