


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90017 040 ****61.25

DOCUMENT# N02000005117

1. Entity Name
FLORIDA EDUCATION FORUM, INC.



44011161



Principal Place of Business
 1132 SYMONDS AVENUE
 WINTER PARK, FL 32799

Mailing Address
 1132 SYMONDS AVENUE
 WINTER PARK, FL 32799

2. Principal Place of Business
 9240 Bonita Beach Road
 Suite, Apt. #, etc.

3. Mailing Address
 9240 Bonita Beach Road
 Suite, Apt. #, etc.

02042004 Chg-NP CR2E037 (10/03)

City & State
 Bonita Springs, FL

City & State
 Bonita Springs, FL

Zip
 34153

Country
 USA

Zip
 34153

Country
 USA

4. FEI Number
 05-0538433

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILDER, CHARLES D
 1132 SYMONDS AVENUE
 WINTER PARK, FL 32799

7. Name and Address of New Registered Agent

Name
Patrick B. Casey

Street Address (P.O. Box Number is Not Acceptable)
 9240 Bonita Beach Road

City
 Bonita Springs, FL Zip Code
 34153

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.

SIGNATURE Patrick B. Casey/ST DATE 2/10/04

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when re-instating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, RANDY C 251 PLAZA DRIVE, SUITE B OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, WILLIAM T 2691 OAKLAND PARK BLVD. SUITE 102 FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILDER, CHARLES D 1132 SYMONDS AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CASEY, PATRICK B PO BOX 2527 BONITA SPRINGS, FL 34133 2527 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1131 Symonds Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: Patrick B. Casey DATE 2/10/04 DAYTIME PHONE # 239-498-6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR