

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000005873

1. Entity Name
THE AANR EDUCATION FOUNDATION, INC.



Principal Place of Business

**1703 N. MAIN ST.
KISSIMMEE, FL 34744**

Mailing Address

**1703 N. MAIN ST.
KISSIMMEE, FL 34744**



02042008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1679536

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHUTTAUF, ERICH
1703 N. MAIN ST.
KISSIMMEE, FL 34744**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLOAN, DON
STREET ADDRESS	2107 TOBAGO CIR.
CITY-ST-ZIP	FT. MYERS, FL 33905
TITLE	D
NAME	LETTELEIR, JOE
STREET ADDRESS	POB 750
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	STD
NAME	ROBERT, OHLWILER H
STREET ADDRESS	21629 SILVER BAY PLACE
CITY-ST-ZIP	LAND O LAKES, FL 34637
TITLE	D
NAME	CALLENDER, JOHN
STREET ADDRESS	1301 RIVER PLACE BLVE, #2105
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VD
NAME	PRICE, BERVERLY
STREET ADDRESS	1414 W WOOD DRIVE
CITY-ST-ZIP	PHOENIX, AZ 85029
TITLE	PD
NAME	SCHEINKOENIG, JOE
STREET ADDRESS	3333 RUSSET PL
CITY-ST-ZIP	LAND O LAKES, FL 34638

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02/15/08-80030-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/2008

Date

813-929-9405

Daytime Phone #