

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005873

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE AANR EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

1703 N. MAIN ST.
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9281
PHOENIX, AZ 85068

New Mailing Address:

FEI Number: 06-1679536

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: SLOAN, DON
Address: 2107 TOBAGO CIR.
City-St-Zip: FT. MYERS, FL 33905

Title: D () Delete
Name: LETTELLEIR, JOE
Address: POB 750
City-St-Zip: LAND O'LAKES, FL 34639

Title: SD () Delete
Name: PRICE, THERESA
Address: 8904 NE 15TH AVENUE, A-1
City-St-Zip: VANCOUVER, WA 986659151

Title: VD () Delete
Name: JOHNSON, CARL
Address: 2610 BLOSSOM ST.
City-St-Zip: COLUMBIA, SC 29205

Title: PD () Delete
Name: PRICE, BEVERLY
Address: 1414 W WOOD DRIVE
City-St-Zip: PHOENIX, AZ 85029

Title: TD () Delete
Name: ERLLENMEYER, JULIE
Address: 25 CYPRESS LOOP
City-St-Zip: LAKE ALFRED, FL 33850

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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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 exemption stated 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 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: JULIE ERLLENMEYER

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date