

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007212

FILED
Jan 21, 2005
Secretary of State

Entity Name: RESILIENCY FOR ACTION & SUCCESS INC.

Current Principal Place of Business:

2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

2624 SHARPSBURG CT
MIDDLEBURG, FL 32068

New Mailing Address:

FEI Number: 06-1658612

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNWINE, PATRICK O
2624 SHARPSBURG CT
MIDDLEBURG, FL 32068 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: CEOP () Delete
Name: ARNWINE, PATRICK O
Address: 2624 SHARPSBURG CT
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: JOHNSON, ANGELA D
Address: 5462 MARSLA LN
City-St-Zip: JACKSONVILLE, FL 32244

Title: D () Delete
Name: MATHIS, JOEL D
Address: 308 ISLAND GREEN DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: JOHNSON, ANGELA D
Address: 5462 MARSLA LN
City-St-Zip: JACKSONVILLE, FL 32244

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: PATRICK O. ARNWINE, ED. D.

CEOP

01/21/2005

Electronic Signature of Signing Officer or Director

Date