

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007532

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** APPLIED TECHNOLOGY ACCESS CENTER COMMUNITY AND ECONOMIC DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

2504 AVENUE D  
SUITE A  
FORT PIERCE, FL 34947

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 4138  
FT. PIERCE, FL 34948

**New Mailing Address:**

**FEI Number:** 30-0090306      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GEORGE, PORTIA F  
707 NORTH 19TH STREET  
FORT PIERCE, FL 34950 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GEORGE, PORTIA F  
Address: 707 N. 19TH STREET  
City-St-Zip: FT. PIERCE, FL 34950

Title: VD ( ) Delete  
Name: GEORGE, JOHN L  
Address: 707 NORTH 19TH STREET  
City-St-Zip: FORT PIERCE, FL 34950

Title: TD ( ) Delete  
Name: ELLIS, MARY L  
Address: 2112 S.W. VIXEN COURT  
City-St-Zip: PORT ST. LUCIE, FL 34953

**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:

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: PORTIA F GEORGE

PD

05/01/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date