

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009886

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: COMMUNITY ALLIANCE FOR EDUCATION, INC.

**Current Principal Place of Business:**

1013 MONTANA STREET  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

1013 MONTANA STREET  
ORLANDO, FL 32803

**New Mailing Address:**

FEI Number: 20-0044660

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BAZZI, RAY  
1013 MONTANA STREET  
ORLANDO, FL 32803

**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: PD ( ) Delete  
Name: BAZZI, RAY  
Address: 1013 MONTANA STREET  
City-St-Zip: ORLANDO, FL 32803

Title: VD (X) Delete  
Name: ADAMS, CAROL  
Address: 2310 ASHINGTON PARK DRIVE  
City-St-Zip: APOPKA, FL 32703

Title: SD ( ) Delete  
Name: KING, EMILY  
Address: 1013 MONTANA STREET  
City-St-Zip: ORLANDO, FL 32803

Title: TD ( ) Delete  
Name: SIMMONS, MARILYN  
Address: 7359 LAKE UNDERHILL RD.  
City-St-Zip: ORLANDO, FL 32822

Title: VD ( ) Delete  
Name: GOSS, JOE  
Address: 2595 TAFT-VINELAND RD.  
City-St-Zip: ORLANDO, FL 32837

**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:

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 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: MARILYN S SIMMONS

TD

04/28/2004

Electronic Signature of Signing Officer or Director

Date