

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009886

FILED  
Jul 17, 2006  
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 ( )  
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:**

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

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

Title: TD      ( ) Delete  
Name: SIMMONS, MARILYN  
Address: 3760 N JOHN YOUNG PKWY  
City-St-Zip: ORLANDO, FL 32804

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: SD      (X) Change ( ) Addition  
Name: LYTLE, DIANE  
Address: 1013 MONTANA STREET  
City-St-Zip: ORLANDO, FL 32803

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 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: MARILYN S SIMMONS

TD

07/17/2006

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

\_\_\_\_\_  
Date