## **2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N03000000240

1. Entity Name
FI ORIDA COALITION FOR THE EDUCATION OF



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May	02,	200	58	:00	am
Sec	retá	ry o	of S	tate	•

05-02-2005 90436 014 \*\*\*\*70.00

Applied For DAVIS-RULIAN, SUSAN TO DAVIS-RULIAN, SUSAN DIRECTORS AND DIR		IALS WITH DEVELOPMEN								
Suite, Apt. #, etc.   Suite   Apt. #, etc.   Suite, Apt. #, etc.   Addition   Apt. #, etc.   Applied For   Addition   App	5300 BROKEN S BLVD NW 2ND FL 5300 BROKEN S BLVD									
Suite, Apt. #, etc.										
City & State  Ci	2. Principal P	Pace of Business	3. Mailing Address	3. Mailing Address						
Zip Country Zip Country Sip Country Sip Country Sip Secret Agriculture Desired Minimum Registered Agent Signal Address of Current Registered Agent 7. Name and Address of Status Desired Minimum Registered Agent 7. Name and Address of Name Registered Agent 7. Name and Address of Registered Agent 7. Name and Address of Name Registered Agent 8. Name Registered Agent 8	Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282005 Chg	-NP CR2E03	7 (10/03)			
S. Certificate of Status Desired Mpt   S. Certificate of Status Desired Mpt   See Proportion   S. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   Sireat Address (P.O. Box Number is Not Acceptable)	City & State		City & State		4. FEI Number 04-3704830		<del></del>			
DAVIS-KILLIAN, SUSAN 7328 ASHLEY SHORES CIR LAKE WORTH, FL 33467   City  FL  Zip Code  FL  Zip Code  FL  Zip Code  FL  Zip Code  City  FL  Zip Code  F	Zip	Country	Zip	Country	5. Certificate of State					
DAVIS-KILLIAN, SUSAN 7326 ASHLEY SHORES CIR LAKE WORTH, FL 33467  6. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SignaTurel    Symmetry toped by printed name of ingatesed agent about 126 if applicable.   POTE, Prejistered Agent agent agent agent agent agent agent agent agent		6. Name and Address of Current	t Registered Agent		7. Name and Addre	as of New Registered A	gent			
Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  DATE  City  FL  Zip Code  City  FL	DAVIS-KII	I IAN SIISAN		Name						
R. 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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Symale, lipsed or printed name of inguised agent and the Fapoliciable.   (INOTE Registered Agent agrotius required when inentiating)   DATE	7326 ASHLEY SHORES CIR			Street Address (	Street Address (P.O. Box Number is Not Acceptable)					
B. 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. I am familiar with, and accept the obligations of registered agent.    Signature   Signature, typed or printed name of registered agent and title if applicable.   INOTE: Registered Agent agrodular required when remissainty   DATE				City		. 61	Zip Code	9		
SIGNATURE    Signature, typed or printed name of registered agent aird bits 4 apolicable. (NOTE Registered Agent agrollure registered registere							1			
Piling Fee is \$61.25   Due by May 1, 2005   Diele by May 1, 2005   Piling Fee is \$61.25   Due by May 1, 2005   Piling Financing Trust Fund Controlled Co			or the purpose of changing its r	egistered office or register	red agent, or both, in th	e State of Florida. I am ti	amiliar with,	and accept		
Piling Fee is \$61.25   Due by May 1, 2005   Diele by May 1, 2005   Piling Fee is \$61.25   Due by May 1, 2005   Piling Financing Trust Fund Controlled Co	01011471105	•								
Trust Fund Contribution.   Added to Fees   Florida Department of State	SIGNATURE.	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	Registered Agent aignature required	i when reinstating)	DATE				
Trust Fund Correction		Filing Fee is \$61.25	9. Election Cam	paign Financing	\$5.00 May Be	Make check	payable to	•		
11.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   INTE   MS.   Delete   STREET ADDRESS   CITY-ST-ZIP   C		Due by May 1, 2005	Trust Fund Co	ontribution.	Added to Fees	Florida Depart	ment of St	ate		
NAME   STREET ADDRESS   CITY-ST-ZIP   CADRISON   CITY-ST-ZIP   CADRISON   CITY-ST-ZIP   CADRISON   CITY-ST-ZIP   CADRISON   CITY-ST-ZIP   CADRISON   CITY-ST-ZIP   CITY-	10.	· · · · · · · · · · · · · · · · · · ·	IRECTORS	11.	ADDITIONS/CHANGES	TO OFFICERS AND DIR				
TITLE MS.			☐ Delete				☐ Change	Addition		
CITY-ST-ZIP		1984								
TITLE			*45° *							
NAME STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32779  TITLE MS. STREET ADDRESS CITY-ST-ZIP Delete TITLE MS. STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746  TITLE MS. STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746  TITLE MS. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CLEARWATER, FL 33760  CITY-ST-ZIP CLEARWATER, FL 33760  CITY-ST-ZIP CLEARWATER, FL 33760  CITY-ST-ZIP CLEARWATER, FL 33760	TITLE	MS.	. Delete	TITLE			Change	Addition		
CITY-ST-ZIP	NAME	VAN BERGEN, AMY	1,1	NAME						
TITLE NAME CORSE-ADAMS, SUSAN NAME STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 CITY-ST-ZIP  TITLE MS. SCHELL, LISA SCHELL, LISA SCHELL, LISA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP  TITLE MS. SCHELL, LISA STREET ADDRESS CITY-ST-ZIP  TITLE MS. SCHESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP  TITLE MS. STREET ADDRESS CITY-ST-ZIP  TITLE MS. STREET ADDRESS CITY-ST-ZIP  TITLE MS. STREET ADDRESS CITY-ST-ZIP  TITLE MS. LAKE MARY, FL 32746 TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE MS. CITY-ST-ZIP	STREET ADDRESS	1	<b>L</b> .,							
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME SCHELL, LISA STREET ADDRESS CITY-ST-ZIP  TITLE NAME SCHELL, LISA STREET ADDRESS CITY-ST-ZIP  TITLE MS. SCHELL, LISA STREET ADDRESS CITY-ST-ZIP  TITLE MS. STREET ADDRESS CITY-ST-ZIP  TITLE MS. ROUSEY, SHARON STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE MS. LAKE MARY, FL 32746  TITLE MS. LABELLE, JAN STREET ADDRESS CITY-ST-ZIP  TITLE MS. CITY-ST-ZIP  CHange Addition NAME STREET ADDRESS CITY-ST-ZIP  CHANGE CHANGE CHANGE CITY-ST-ZIP  CHANGE CHANGE CITY-ST-ZIP  CHANGE CHANGE CITY-ST-ZIP	CITY-ST-ZIP	<del></del>	13"	CITY-ST-ZIP						
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CITY-ST-ZIP  JACKSONVILLE, FL 32210  CITY-ST-ZIP  MS.  SCHELL, LISA  STREET ADDRESS  CITY-ST-ZIP  TITLE  MS.  TALLAHASSEE, FL 32317  TITLE  NAME  ROUSEY, SHARON  STREET ADDRESS  CITY-ST-ZIP  LAKE MARY, FL 32746  TITLE  MS.  LABELLE, JAN  STREET ADDRESS  CITY-ST-ZIP  CLEARWATER, FL 33760  CITY-ST-ZIP  CLEARWATER, FL 33760		•								
TITLE NAME SCHELL, LISA 9247 OAKFAIR DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317 CITY-ST-ZIP  TITLE NAME ROUSEY, SHARON STREET ADDRESS CITY-ST-ZIP LAKE MARY, FL 32746 TITLE NAME LABELLE, JAN STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 TITLE NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP CITY-ST-ZIP			*		-					
NAME STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32317  TITLE MS. ROUSEY, SHARON STREET ADDRESS CITY-ST-ZIP TITLE ROUSEY, SHARON STREET ADDRESS CITY-ST-ZIP  TITLE MS. ROUSEY, SHARON STREET ADDRESS CITY-ST-ZIP  TITLE MS. STREET ADDRESS CITY-ST-ZIP TITLE MS. STREET ADDRESS CITY-ST-ZIP TITLE MS. LAKE MARY, FL 32746  TITLE MS. LABELLE, JAN STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760  CITY-ST-ZIP CLEARWATER, FL 33760  NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760  NAME STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760			Todala				☐ Channe	Onition		
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TITLE MS. ROUSEY, SHARON STREET ADDRESS CITY-ST-ZIP  TITLE MS. Deleta TITLE CITY-ST-ZIP  TITLE MS. Deleta TITLE NAME LABELLE, JAN STREET ADDRESS CITY-ST-ZIP  CIT				STREET ADDRESS				}		
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CITY-ST-ZIP         LAKE MARY, FL 32746         CITY-ST-ZIP           ITILE         MS.         Delete         TITLE         ITILE         Change         Addition           NAME         LABELLE, JAN         NAME         NAME         STREET ADDRESS         CITY-ST-ZIP         CIT		1						1		
TITLE MS. Delete TITLE										
NAME STREET ADDRESS 2735 WHITNEY RD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 STREET ADDRESS CITY-ST-ZIP				<u> </u>			Channa .	[17] Addition		
STREET ADDRESS 2735 WHITNEY RD STREET ADDRESS CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP		1	L_1 Defete	<b>4</b>			L. Unange	L ADDITION		
CITY-ST-ZIP CLEARWATER, FL 33760 CITY-ST-ZIP		<b>}</b>								
		<u> </u>	th this filing does not qualify for		ection 119.07(3)(i), Flori	ida Statutes. I further cert	ify that the ir	nformation		

indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(56 I)

GNATURE:

SUSAN DAVIS - KILLIAN 4-38-05 357-9537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description Phone 8