

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000467

FILED
Mar 20, 2005
Secretary of State

Entity Name: COUNCIL OF EDUCATORS, INC.

Current Principal Place of Business:

5 ARENTA STREET
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

110 DIAMOND LAKE DRIVE
CRESCENT CITY, FL 32112

Current Mailing Address:

P O BOX 3624
ST AUGUSTINE, FL 32085

New Mailing Address:

PO BOX 931
CRESCENT CITY, FL 32112

FEI Number: 20-0798908

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRAUB, CARRIE L
5 ARENTA STREET
ST. AUGUSTINE, FL 32084 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: CEOD () Delete
Name: JACOB, MARK J
Address: P.O. BOX 931
City-St-Zip: CRESCENT CITY, FL 32112

Title: V () Delete
Name: STRAUB, CARRIE L
Address: 5 ARENTA STREET
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: V () Delete
Name: JOHNSON, STELLA
Address: 545 OAKLAND AVE. B
City-St-Zip: TALLAHASSEE, FL 32310

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change () Addition
Name: JOHNSON, STELLA
Address: PO BOX 931
City-St-Zip: CRESCENT CITY, FL 32112

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: CARRIE STRAUB

V

03/20/2005

Electronic Signature of Signing Officer or Director

Date