

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001088

FILED
Jan 15, 2004
Secretary of State

Entity Name: FEDERALIST 21 TAX EDUCATION PROJECT, INC.

Current Principal Place of Business:

601 NORTH KEENE RD., STE. A
CLEARWATER, FL 337555602

New Principal Place of Business:

Current Mailing Address:

601 NORTH KEENE RD., STE. A
CLEARWATER, FL 337555602

New Mailing Address:

FEI Number: 02-0674589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WRIGHT, THOMAS A
601 NORTH KEENE RD., STE. A
CLEARWATER, FL 337555602

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: D () Delete
Name: WRIGHT, THOMAS A
Address: 601 NORTH KEENE RD., STE. A
City-St-Zip: CLEARWATER, FL 337555602

Title: D () Delete
Name: WRIGHT, BONNIE S
Address: 601 NORTH KEENE RD., STE. A
City-St-Zip: CLEARWATER, FL 337555602

Title: D () Delete
Name: DURHAM, HARRY
Address: 5000 GEORGI LANE
City-St-Zip: HOUSTON, TX 770925508

Title: D () Delete
Name: JOHNSON, HOWARD
Address: 7113 FT. CAROLINE HILLS DR.
City-St-Zip: JACKSONVILLE, FL 32277

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:

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: BONNIE WRIGHT

D

01/15/2004

Electronic Signature of Signing Officer or Director

Date