

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004746

FILED
Aug 20, 2004
Secretary of State**Entity Name:** THE GOLDEN APPLE LEARNING COMPANY, INC.**Current Principal Place of Business:**952 LAKE-AIRE DRIVE
PENSACOLA, FL 32506 US**New Principal Place of Business:****Current Mailing Address:**952 LAKE-AIRE DRIVE
PENSACOLA, FL 32506 US**New Mailing Address:****FEI Number:** 11-3693748**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**GRAVES, ANDREW
952 LAKE-AIRE DRIVE
PENSACOLA, FL 32506 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: GRAVES, ANDREW
Address: 952 LAKE-AIRE DRIVE
City-St-Zip: PENSACOLA, FL 32506 US**Title:** STD () Delete
Name: GRAVES, NORA A
Address: 952 LAKE-AIRE DRIVE
City-St-Zip: PENSACOLA, FL 32506 US**Title:** VPD () Delete
Name: BURGER, ANN W
Address: 29820 450TH STREET
City-St-Zip: MORAVIA, IA 52571 US**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:

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: NORA A. GRAVES

STD

08/20/2004

Electronic Signature of Signing Officer or Director

Date