

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2004 8:00 am**  
**Secretary of State**

03-18-2004 90039 030 \*\*\*\*61.25

**DOCUMENT # N03000006789**

1. Entity Name  
V.I. CARE TUTORIAL CORP.



Principal Place of Business  
2100 45TH STREET  
SUITE B-6  
WEST PALM BEACH, FL 33407

Mailing Address  
P.O. BOX 530274  
LAKE PARK, FL 33403

2. Principal Place of Business  
2100 45th St.

3. Mailing Address  
P.O. Box 530274

Suite, Apt. #, etc.  
Suite B-6

Suite, Apt. #, etc.

City & State  
West palm Bch, FL

City & State  
Lake park, FL

Zip  
33407

Country  
USA

Zip  
33403

Country  
USA

03022004 Chg-NP CR2E037 (10/03)

4. FEI Number  
47-0926036

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

JARVIS, CURTIS S SR.  
2100 45TH STREET  
SUITE B-6  
WEST PALM BEACH, FL 33407

**7. Name and Address of New Registered Agent**

Name  
Anthony Telemacque

Street Address (P.O. Box Number is Not Acceptable)  
10647 Squires Court

City  
Jacksonville FL Zip Code  
32257

8. 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/2004

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

**10. OFFICERS AND DIRECTORS**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>JARVIS, GAIL B<br>P. O. BOX 530274<br>WEST PALM BEACH, FL 33407 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>JARVIS, CURTIS S SR.<br>P.O. BOX 530274<br>LAKE PARK, FL 33403 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Delete            |

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

|  |  |  |
|--|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>Bedminster, Gail<br>p.o. Box 530274<br>Lake park, FL 33403  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP<br>Bedminster, Gail<br>p.o. Box 530274<br>Lake park, FL 33403 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/04 561-876-2024  
Date Daytime Phone #