


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000007548 1. Entity Name STOP SUSPENSION SCHOOL PROGRAM, INC.					
Principal Place of Business 866 GOLDEN ST. TALLAHASSEE, FL 32304			Mailing Address 866 GOLDEN ST. TALLAHASSEE, FL 32304		
2. Principal Place of Business		3. Mailing Address 8001 St. Augustine Rd #A103			
Suite, Apt. #, etc. A103		Suite, Apt. #, etc. A103			
City & State Tallahassee, FL		City & State Tallahassee, FL			
Zip 32301	Country USA	4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RILEY, CRAIG P SR. 866 GOLDEN ST. TALLAHASSEE, FL 32304			7. Name and Address of New Registered Agent Name Georgia H. Wiley Street Address (P.O. Box Number is Not Acceptable) 8001 St. Augustine Rd #A103 City Tallahassee FL Zip Code 32301		
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 <u>Georgia H. Wiley</u> 4/29/05 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RILEY, CRAIG P SR. 866 GOLDEN ST. TALLAHASSEE, FL 32304	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILEY, GEORGIA H 2074 MIDYETTE ROAD #723 TALLAHASSEE, FL 32301	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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.			500054205055 05/10/05--01042--006 **70.00		
SIGNATURE: <u>Georgia H. Wiley</u> <u>Georgia H. Wiley</u> 4/29/05 850/544-7070 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED
 05 APR 29 PM 1:34
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



04292005 Chg-NP CR2E037 (10/03)

Program Director-Founder

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