

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008935

FILED
Aug 22, 2004
Secretary of State**Entity Name:** AYCMA/TEACHER AND FAMILY ASSOCIATION, INC.**Current Principal Place of Business:**3221 CHIQUITA BOULEVARD SOUTH
CAPE CORAL, FL 33914**New Principal Place of Business:****Current Mailing Address:**3221 CHIQUITA BOULEVARD SOUTH
CAPE CORAL, FL 33914**New Mailing Address:****FEI Number:****FEI Number Applied For (X)****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KORAL, SHANNON MARIE
702 SW 25TH STREET
CAPE CORAL, FL 33914 US**Name and Address of New Registered Agent:**ANTHONY, EDWARD D MR.
2723 SW 9TH PLACE
CAPE CORAL, FL 33914 US

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: EDWARD D. ANTHONY

08/22/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KORAL, SHANNON MARIE
Address: 702 SW 25TH STREET
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: BRYANT, LISA MICHELE
Address: 4505 SW 1ST AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: SCHIAVI, DEBORAH ANN
Address: 3617 SW 1ST AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: D () Delete
Name: ROMAN, CHERYL N
Address: 314 SW 43RD LANE
City-St-Zip: CAPE CORAL, FL 33914

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MITCHELL, GREG
Address: 3221 CHIQUITA BLVD. SOUTH
City-St-Zip: CAPE CORAL, FL 33914

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

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

Title: D (X) Change () Addition
Name: ANTHONY, EDWARD D
Address: 2723 SW 9TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

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: EDWARD D. ANTHONY

D

08/22/2004

Electronic Signature of Signing Officer or Director

Date