

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90311 050 ****61.25

DOCUMENT# N03000009897

1. Entity Name
EDUCATETOMORROW, CORP



Principal Place of Business
**201 S. BISCAYNE BLVD
SUITE 2600
MIAMI, FL 33131**

Mailing Address
**201 S. BISCAYNE BLVD
SUITE 2600
MIAMI, FL 33131**

94049752



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEIN Number
51-0493526

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DAMIAN, MELANIE
201 S. BISCAYNE BLVD.
SUITE 2600
MIAMI, FL 33131**

Name

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

City

FL

Zip Code

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's signature required whenever instituting)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **EMMONS, VIRGINA**
STREET ADDRESS **2190 HARITHYDR**
CITY - ST - ZIP **DUNN LORING, VA 22027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP** ☐ Delete
NAME **MCCARTHY, MELISSA**
STREET ADDRESS **2190 HARITHYDR.**
CITY - ST - ZIP **DUNN LORING, VA 22027**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **VP** ☐ Delete
NAME **DAMIAN, MELANIE**
STREET ADDRESS **201 S. BISCAYNE BLVD. SUITE 2600**
CITY - ST - ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DIR** ☐ Delete
NAME **EMMONS, BETH**
STREET ADDRESS **1426 ROCKYLANE**
CITY - ST - ZIP **EAGAN, MN 55122**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DIR** ☐ Delete
NAME **DHANJI, MARY**
STREET ADDRESS **6643 NW 174 LANE**
CITY - ST - ZIP **MIAMI LAKES, FL 33015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE **DIR** ☐ Delete
NAME **SPOERK, LUCILLE**
STREET ADDRESS **S76W12500 MCSHAN DRIVE**
CITY - ST - ZIP **MUSKEGO, WI 53150**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/04 (305) 539-2447
Date Daytime Phone#