

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010335

**FILED**  
**Feb 04, 2004**  
**Secretary of State****Entity Name:** TUITION PAINTERS EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**3605 DONEGAL DRIVE  
TALLAHASSEE, FL 32309**New Principal Place of Business:****Current Mailing Address:**3605 DONEGAL DRIVE  
TALLAHASSEE, FL 32309**New Mailing Address:****FEI Number:** 20-0434655**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HOST, BRUCE J  
3605 DONEGAL DRIVE  
TALLAHASSEE, FL 32309**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: D ( ) Delete  
Name: ELICK, PAUL E  
Address: 914 QUEEN STREET  
City-St-Zip: ALEXANDRIA, VA 22314

Title: PCEO ( ) Delete  
Name: HOST, BRUCE J  
Address: 3605 DONEGAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: D ( ) Delete  
Name: HOST, BRUCE J  
Address: 3605 DONEGAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

Title: STD ( ) Delete  
Name: HOST, SANDRA C  
Address: 3605 DONEGAL DRIVE  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FLICK, PAUL E  
Address: 914 QUEEN STREET  
City-St-Zip: ALEXANDRIA, VA 22314

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: BRUCE J. HOST

PRES

02/04/2004

Electronic Signature of Signing Officer or Director

Date