

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001571

FILED
Jan 12, 2008
Secretary of State

Entity Name: COMPUTERS FOR EDUCATION, INC.

Current Principal Place of Business:

800 LANE AVE
ROOM 51 & 52
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 902
SHARPS, FL 329590902

New Mailing Address:

FEI Number: 75-3130752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASSETT, FREMONT
917 PELICAN LANE
ROCKLEDGE, FL 32955 US

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: P () Delete
Name: BASSETT, FREMONT
Address: 917 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

Title: V () Delete
Name: VILLANUEVA, CARL
Address: 2812 KINGSMILL AVE
City-St-Zip: MELBOURNE, FL 32934

Title: T () Delete
Name: MURRAY, PAT
Address: 1690 MILTON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: S () Delete
Name: JONES, IVETTE N
Address: 114 GARDENIA RD
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MURRAY, PATRICIA A
Address: 1690 MILTON ST
City-St-Zip: TITUSVILLE, FL 32780

Title: S (X) Change () Addition
Name: BASSETT, LINDA A
Address: 917 PELICAN LANE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PATRICIA A. MURRAY

T

01/12/2008

Electronic Signature of Signing Officer or Director

Date