

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001885

FILED  
Mar 14, 2005  
Secretary of State

Entity Name: CETA FOUNDATION, INC.

## Current Principal Place of Business:

13986 MAGNOLIA GLEN CIR  
ORLANDO, FL 32828

## New Principal Place of Business:

## Current Mailing Address:

13986 MAGNOLIA GLEN CIR  
ORLANDO, FL 32828

## New Mailing Address:

FEI Number: 20-0750852

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POTTS, LOLA  
13986 MAGNOLIA GLEN CIR  
ORLANDO, FL 32828 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: DAVIS, JOHN  
Address: 13986 MAGNOLIA GLEN CIR  
City-St-Zip: ORLANDO, FL 32828

Title: V ( ) Delete  
Name: CROSIER, MINETTA  
Address: 13986 MAGNOLIA GLEN CIR  
City-St-Zip: ORLANDO, FL 32828

Title: T ( ) Delete  
Name: GIBSON, CARMINE  
Address: 13986 MAGNOLIA GLEN CIR  
City-St-Zip: ORLANDO, FL 32828

Title: S ( ) Delete  
Name: SARGESE, MILLIE  
Address: 13986 MAGNOLIA GLEN CIR  
City-St-Zip: ORLANDO, FL 32828

Title: D ( ) Delete  
Name: POTTS, LOLA  
Address: 13986 MAGNOLIA GLEN CIR  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: LOLA POTTS

D

03/14/2005

Electronic Signature of Signing Officer or Director

Date