

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003191

FILED
Apr 30, 2005
Secretary of State

Entity Name: TILLIE FOWLER EXCELLENCE IN PUBLIC SERVICE SERIES, INC.

Current Principal Place of Business:

11651 OLDE MANADARIN ROAD
JACKSONVILLE, FL 32223

New Principal Place of Business:

Current Mailing Address:

11651 OLDE MANADARIN ROAD
JACKSONVILLE, FL 32223

New Mailing Address:

FEI Number: 20-0955472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBERTELLI, JUDITH
11651 OLDE MANADARIN ROAD
JACKSONVILLE, FL 32223 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: D () Delete
Name: ALBERTELLI, JUDITH
Address: 11651 OLDE MANADARIN ROAD
City-St-Zip: JACKSONVILLE, FL 32223

Title: D () Delete
Name: ARRANZ, JUDITH
Address: 1834 SPICEBERRY CIRCLE E
City-St-Zip: JACKSONVILLE, FL 32246

Title: D () Delete
Name: VOSS, ANN
Address: 5020 BAYSHORE BLVD #401
City-St-Zip: TAMPA, FL 33611

Title: D () Delete
Name: JONES, MARILYN E
Address: 12 PAINTED BUNTING
City-St-Zip: AMELIA ISLAND, FL 32034

Title: D () Delete
Name: DAVIS, BRENDA
Address: 6400 SAN PABLO ROAD SOUTH
City-St-Zip: JACKSONVILLE, FL 32242

Title: D () Delete
Name: BURROWS, NANCY
Address: 4635 VERONA AVE
City-St-Zip: JACKSONVILLE, FL 33210

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:

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: TREASURER/PATRICIA BAILEY

TREA

04/30/2005

Electronic Signature of Signing Officer or Director

Date