

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90182 050 ****61.25

DOCUMENT # N04000005645

1. Entity Name
E-O-L PUBLISHING CORPORATION



Principal Place of Business
**110 KEELY CIRCLE
NEW SMYRNA BCH, FL 32168**

Mailing Address
**PO BOX 1341
NEW SMYRNA BCH, FL 32170**

50036051



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282005 Chg-NP CR2E037 (10/03)

4. FEI Number

41-2133207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**VOSS, JUDY PRES.
110 KEELY CIRCLE
NEW SMYRNA BCH, FL 32168**

7. Name and Address of New Registered Agent

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 signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

TITLE **DP** ☐ Delete
NAME **VOSS, JUDY**
STREET ADDRESS **110 KEELY CIRCLE**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 32168**

TITLE **DV** ☐ Delete
NAME **TOMIJENOVICH, DORIS**
STREET ADDRESS **131 PLAZA LN**
CITY-ST-ZIP **EDGEWATER, FL 32132**

TITLE **DT** ☐ Delete
NAME **NEIDER, LINDA**
STREET ADDRESS **3255 ST JAMES AVE**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE **DS** ☒ Delete
NAME **KEESLING, SHIRLEY**
STREET ADDRESS **3645 DARBY RD**
CITY-ST-ZIP **NEW SMYRNA BCH, FL 32168**

TITLE **D** ☐ Delete
NAME **GRIFFIN, NIKKI**
STREET ADDRESS **2505 JUNIPER DR**
CITY-ST-ZIP **EDGEWATER, FL 32141**

TITLE **D** ☒ Delete
NAME **PARKER, KATE**
STREET ADDRESS **74 INLET HARBOR RD**
CITY-ST-ZIP **PONCE INLET, FL 32127**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Change ☒ Addition
NAME **Bashista, Anne**
STREET ADDRESS **1257 Azora Dr.**
CITY-ST-ZIP **Deltona, FL 32725**

TITLE **DT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Kate Ryan**
STREET ADDRESS **335 N. Causeway G-3**
CITY-ST-ZIP **New Smyrna Bch, FL 32169**

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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Judy Voss

4/22/05

Date

386-428-1991

Daytime Phone #