

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005645

FILED
Mar 21, 2007
Secretary of State

Entity Name: E-O-L PUBLISHING CORPORATION

Current Principal Place of Business:

110 KEELY CIRCLE
NEW SMYRNA BCH, FL 32168

New Principal Place of Business:

Current Mailing Address:

PO BOX 1341
NEW SMYRNA BCH, FL 32170

New Mailing Address:

FEI Number: 41-2133207

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOSS, JUDY PRES.
110 KEELY CIRCLE
NEW SMYRNA BCH, FL 32168 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: DP () Delete
Name: VOSS, JUDY
Address: 110 KEELY CIRCLE
City-St-Zip: NEW SMYRNA BCH, FL 32168

Title: DV () Delete
Name: TOMLJENOVICH, DORIS
Address: 131 PLAZA LN
City-St-Zip: EDGEWATER, FL 32132

Title: D () Delete
Name: NEIDER, LINDA
Address: 3255 ST JAMES AVE
City-St-Zip: DELTONA, FL 32738

Title: DS () Delete
Name: BASHISTA, ANNE
Address: 1257 AZORA DR
City-St-Zip: DELTONA, FL 32725

Title: DT () Delete
Name: GRIFFIN, NIKKI
Address: 2505 JUNIPER DR
City-St-Zip: EDGEWATER, FL 32141

Title: D () Delete
Name: FERREIRA, JANET
Address: 33 MISHERS TR
City-St-Zip: ORMOND BEACH, FL 32174

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: D (X) Change () Addition
Name: FERREIRA, JANET
Address: 33 MISHERS TR
City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the 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: JUDY VOSS

DP

03/21/2007

Electronic Signature of Signing Officer or Director

Date