2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000008949

Entity Name: THE EGGELTON YOUTH EDUCATION & ECONOMIC DEVELOPMENT & SERVICE CENTER INC.

Current Principal Place of Business:

P O BOX 391
PT ST JOE, FL 32457

New Principal Place of Business:

Current Mailing Address:

P O BOX 391
PT ST JOE, FL 32457

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGSTON, DAVID B
107 LIBERTY ST
PT ST JOE, FL 32456 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: C ( ) Delete
Name: TUSHUDI, KENNETH
Address: 401 BATTLE ST
City-St-Zip: PT ST JOE, FL 32456

Title: VC ( ) Delete
Name: WYNN, ADRON
Address: P O BOX 10
City-St-Zip: APALACHICOLA, FL 32301

Title: S ( ) Delete
Name: GARCIA, KRISTIEN
Address: P O BOX 391
City-St-Zip: PT ST JOE, FL 32457

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change ( ) Addition
Name: GARCIA, KRISTEN
Address: P O BOX 391
City-St-Zip: PT ST JOE, FL 32457

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: DAVID B. LANGSTON DR 04/29/2005
Electronic Signature of Signing Officer or Director — Date