

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2006 8:00 am
Secretary of State

03-15-2006 90116 044 ****61.25

DOCUMENT # N05000003368 1. Entity Name GANDHI-ECUADOR EDUCATION CORP.					
Principal Place of Business 1312 CARSON DR TALLAHASSEE FL 32305			Mailing Address 1312 CARSON DR TALLAHASSEE FL 32305		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-2819397	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOGG, LYNN E. FOWLER 1312 CARSON DR TALLAHASSEE FL 32305 <i>(FOGG is mother's maiden name!)</i>				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 date if applicable (NOTE: Registered Agent signature required when reissuing)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FOGG, LYNN F 1312 CARSON DR TALLAHASSEE FL 32305	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lynn E. Fowler <i>not Fogg</i>
				☒ Change ☐ Addition Name incorrect	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUQUES, ELIZABETH N 1312 CARSON DR TALLAHASSEE FL 32305	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Elizabeth Neira <i>not Nuquez</i>
				☒ Change ☐ Addition all mother's maiden names	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUQUES, JOSE N 1312 CARSON DR TALLAHASSEE FL 32305	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose Neira <i>not Nuquez</i>
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NUQUES, EDUARDO N 1312 CARSON DR TALLAHASSEE FL 32305	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Eduardo Neira <i>not Nuquez</i>
				☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	confusion because of use of double last names in S. Am.
				☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	these are the mother's maiden names-
				☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: <u>Lynn E. Fowler</u> <u>Lynn E. Fowler</u> <u>March 3, 2006</u> <u>850-877-1986</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					