

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13949

FILED
Apr 27, 2008
Secretary of State

Entity Name: BELIZE INTERNATIONAL EDUCATIONAL FOUNDATION, INCORPORATED

Current Principal Place of Business:

P. O. BOX 555
LAKELAND, FL 33802

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 555
LAKELAND, FL 33802

New Mailing Address:

FEI Number: 59-2669818

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, PAUL A.
2252 EAST MEADOWS ROAD
LAKELAND, FL 33812 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: RILEY, JAMES
Address: 3408 SWINDELL ROAD
City-St-Zip: LAKELAND, FL 33801

Title: D () Delete
Name: JONES, PAUL A.,
Address: 2252 EASTMEADOWS ROAD
City-St-Zip: LAKELAND, FL

Title: D () Delete
Name: MILTON, CHARLES H
Address: 5658 EL DORADO AVE.
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: CLARKE, WILLIE F
Address: 219 MIAMI ST.
City-St-Zip: LAKELAND, FL 33805

Title: D () Delete
Name: REYES, JOHN
Address: 2302 EASTMEADOWS RD.
City-St-Zip: LAKELAND, FL 33813

Title: D (X) Delete
Name: LOWENSKY, GABRIEL
Address: P.O. BOX 555
City-St-Zip: LAKELAND, FL 33802

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: D (X) Change () Addition
Name: LOWENSKY, GABRIEL
Address: P.O. BOX 555
City-St-Zip: LAKELAND, FL 33802

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

I hereby certify that the information supplied with this filing does not qualify 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: PAUL JONES

D

04/27/2008

Electronic Signature of Signing Officer or Director

Date