

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38068

(5)

1. Corporation Name

EDUCATION IS FUN (EIF), INC.



Principal Place of Business

Mailing Address

**3600 LAKE BAYSHORE DR
SUITE 408
BRADENTON FL 34205
US**

**3600 LAKE BAYSHORE DR
SUITE 408
BRADENTON FL 34205
US**

3. Date Incorporated or Qualified
05/07/1990

3a. Date of Last Report
06/22/1995

2. Principal Place of Business

2a. Mailing Address

21 **3600 Lake Bayshore Dr.**

26 **3600 Lake Bayshore Dr.**

4. FEI Number

65-0189669

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **#408**

27 **#408**

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

City & State

City & State

23 **Bradenton, FL**

28 **Bradenton, FL**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

Zip

Country

Zip

Country

24 **34205**

25 **manatee**

29 **34205**

30 **manatee**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LINDA M. ANGELL
3600 LAKE BAYSHORE DR #16R408
BRADENTON FL 34205**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **ANGELL, ROBERT M.**
STREET ADDRESS **3600 LAKE BAYSHORE DR**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☐ DELETE
NAME **ANGELL, LINDA M.**
STREET ADDRESS **3600 LAKE BAYSHORE DR**
CITY-ST-ZIP **BRADENTON FL**

TITLE **D** ☒ DELETE
NAME **ANGELL, HELEN M.**
STREET ADDRESS **3600 LAKE BAYSHORE DR**
CITY-ST-ZIP **BRADENTON FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Michael E. Sweeping**
1.3 STREET ADDRESS **1834 Main St.**
1.4 CITY-ST-ZIP **Sarasota, FL 34236**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Linda M. Angell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/96

941-758-2331

Date

Daytime Phone #

CR2E037 (12/95)