**FILED** FILE NOW: FILING FEE IS \$61.25 NONPROFIT May 08 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra D. Mortham Secretary of State ANNUAL REPORT Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # (5) N38068 EDUCATION IS FUN ( EIF'), INC. Principal Place of Business Mailing Address 3000 LAKE BAYSHORE DR 3800 LAKE BAYSHORE DR 3. Date incorporated or Qualified SUITE 408 SUITE 408 05/07/1990 **BRADENTON FL 34205 BRADENTON FL 34205** Applied For 65-0189669 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 26 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Yes 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name LINDA M. ANGELL 82 Street Address (P.O. Box Number is Not Acceptable) 3600 LAKE BAYSHORE DR #16R408 83 **BRADENTON FL 34205** 84 City 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 117171 ☐ Change ☐ Addition ANGELL, ROBERT M. NAME 12 NAME 3800 LAKE BAYSHORE DR STREET ADDRESS 1.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ANGELL, UNDA M. NAME 2.2 NAME 3600 LAKE BAYSHORE DR STREET ADDRESS 2.3 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE SWEETING, MICHAEL NAME 3.2 NAME 1834 MAIN ST STREET ADDRESS 3.3 STREET ADDRESS SARASOTA FL CITY-ST-ZW 3.4. CITY-ST-ZIP DELETE Change ☐ Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 51 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with ap-address.

6.3 STREET ADDRESS

6.1 TITLE 6.2 NAME

**SIGNATURE:** 

TITLE

NAME

STREET ADDRESS

Sindo M. Chioelline

DELETE

941-741-4605

Addition

Change

CR2E037