

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N41246

FILED
Apr 05, 2006
Secretary of State

Entity Name: FLORIDA SUMMER INDUSTRIAL FELLOWSHIP FOR TEACHERS, INC.

Current Principal Place of Business:

817 DIXON BLVD.
SUITE 6-B
COCOA, FL 32922 US

New Principal Place of Business:

Current Mailing Address:

817 DIXON BLVD.
SUITE 6-B
COCOA, FL 32922 US

New Mailing Address:

FEI Number: 59-3063639

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECK, DONALD T.
817 DIXON BLVD.
SUITE 6-B
COCOA, FL 32922 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: ZIRNFUS, STEVEN
Address: 2640 ST. PAUL'S DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: PICKETT, FRANCES
Address: 458 ST JOHNS DR
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: BRIGGS, GLENN W
Address: 3772 SIERRA DR
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: SKINNER, RICHARD
Address: 501 VIVIAN DRIVE
City-St-Zip: COCOA, FL 32926

Title: DP () Delete
Name: HORSEY, PAUL E
Address: 1135 GROVES DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: DVP () Delete
Name: ALTIER, PAUL
Address: 600 TORTOISE WAY
City-St-Zip: SATELLITE BEACH, FL 32937

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: DT (X) Change () Addition
Name: HORSEY, PAUL E
Address: 1135 GROVES DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: DP (X) Change () Addition
Name: ALTIER, PAUL
Address: 600 TORTOISE WAY
City-St-Zip: SATELLITE BEACH, FL 32937

I hereby certify that the information supplied with this filing does not qualify for the 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 E. HORSEY

DT

04/05/2006

Electronic Signature of Signing Officer or Director

Date