

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90112 021 \*\*\*\*61.25

**DOCUMENT # N42498**

1. Entity Name

GALE RAGAN EDUCATIONAL CONSULTING FIRM, INC.



Principal Place of Business

16081 123RD TER N  
JUPITER FARMS FL 33478

Mailing Address

16081 123RD TER N  
JUPITER FARMS FL 33478

2.

a. Principal Place of Business

3.

Mailing Address

1166 Atlantic Dr NW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Atlanta, GA

City & State

Atlanta, GA

Zip

30318

Country

USA

Zip

30318

Country

USA

4. FEI Number

56-2314543

65-0312674

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RAGAN, GALE  
16081 123RD TER N  
JUPITER FARMS FL 33478

7. Name and Address of New Registered Agent

Name

Gale Ragan

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

2110 Jackson Bluff Road

City

Tallahassee, FL

Zip Code

32304

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

*Gale Ragan*

3/5/2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RAGAN, GALE 16081 123RD TER N JUPITER FARMS FL 33478	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WARREN, PATRICIA 1673 GREENBOROUGH RD CAMILLA GA 31730	<input checked="" type="checkbox"/> Delete position change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD REID, MELVIN T. 16081 123RD TER N JUPITER FARMS FL 33478	<input checked="" type="checkbox"/> Delete position change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REID, DAVID J 16081-123RD TER N JUPITER FARMS FL 33478	<input type="checkbox"/> Delete Address change only
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WARREN, TAMARA 4161 WIND CT NORCROSS GA 30093	<input checked="" type="checkbox"/> Delete position change
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BENNETT, EDITH 1505 COLQUITT AVE. ALBANY GA 71305	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Melvin T. Reid, Jr. 2110 Jackson Bluff Road Apt 6A Tallahassee, FL 32304	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Acilegna Santos 1944 Andrews Ave 6A Bronx NY 10453	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Patricia Warren 1673 Greenough Rd. Camilla, GA 31730	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer David J Reid 1166 Atlantic Dr NW Atlanta, GA 30318	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Asst. Secretary/Treasurer Tamara Warren 4161 Wind Ct Norcross, GA 30093	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Ann Michael Smart 20038 NW 65 Ct. Miami Lakes, FL 33015	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

*Gale Ragan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/2004

Date

404-876-4778

Daytime Phone #