2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 08, 2004
Secretary of State

DOCUMENT# N45925

Entity Name: SINGLE MOTHERS IN A LEARNING ENVIRONMENT, INC.

Current Principal Place of Business:

800 S NAWTHORNE AVE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

800 S NAWTHORNE AVE
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-3118405 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMS, DEBORAH
800 S NAWTHORNE AVENUE
APOPKA, FL 32703 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: DP ( ) Delete
Name: KOVALSKI, BERTHA
Address: 3635 PALM AVE
City-St-Zip: APOPKA, FL 32712

Title: DVP ( ) Delete
Name: THORNTON, CYNTHIA
Address: 103 W 8TH AVE
City-St-Zip: APOPKA, FL 32703

Title: DS ( ) Delete
Name: NIXON, MARY
Address: 189 DURHAM PL UNIT 10F
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete
Name: MORRIS, VELDA
Address: 2502 BONAIR DR
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: NEAL, MARSHA
Address: 1192 HERMIT SMITH RD PO BOX 150
City-St-Zip: PLYMOUTH, FL 32768

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BERTHA KOVALSKI PRES 07/08/2004
Electronic Signature of Signing Officer or Director Date