

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

FILED
Jan 28, 2004 8:00 am
Secretary of State

01-28-2004 90004 030 ****70.00

DOCUMENT # N92000000128

1. Entity Name

COMMISSION ON ADULT BASIC EDUCATION, INC.



Principal Place of Business

218 ANNIE STREET
ORLANDO FL 32806

Mailing Address

P.O. BOX 592053
ORLANDO FL 32859-2053

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3164580

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PUGH, IRBY G
218 ANNIE ST
ORLANDO FL 32806

Name

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

City

FL

Zip Code

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

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 | PD CLAIBORNE, SHERRIE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 220 SHLEBY THOMPSON LANE | |
| CITY-ST-ZIP | HARROGATE TN 37752 | |
| TITLE NAME | S GAGLIARDI, DOM | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3750 MARY LANE | |
| CITY-ST-ZIP | ESCONDIDO CA 92025 | |
| TITLE NAME | CFOD ADY, LAURENCE I | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2495 TRENTWOOD BLVD. | |
| CITY-ST-ZIP | BELLE ISLE FL 32812 | |
| TITLE NAME | VD LAWSON, GAIL M | <input type="checkbox"/> Delete |
| STREET ADDRESS | 31 MILL ROAD | |
| CITY-ST-ZIP | FOSTER RI 02825 | |
| TITLE NAME | D ALEXANDER, DAVID | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 125 WEST 5TH AVE | |
| CITY-ST-ZIP | ANCHORAGE AK 99501 | |
| TITLE NAME | D TYSKIEWICZ, ANDREW | <input checked="" type="checkbox"/> Delete |
| STREET ADDRESS | 111 CHARTER OAK AVE | |
| CITY-ST-ZIP | HARTFORD CT 06106 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------------|--|
| TITLE NAME | D Claiborne, Sherrie | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 220 Shleby Thompson Ln | |
| CITY-ST-ZIP | Harrogate TN 37752 | |
| TITLE NAME | VD Gagliardi, Dom | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 3750 Mary Lane | |
| CITY-ST-ZIP | Escondido CA 92025 | |
| TITLE NAME | D Rogers, Margaret | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5660 Rolling Oak Dr | |
| CITY-ST-ZIP | Sacramento CA 95841 | |
| TITLE NAME | PD Lawson, Gail M | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 31 Mill Road | |
| CITY-ST-ZIP | Foster RI 02825 | |
| TITLE NAME | S Weng, Robert | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5078 Kensington Ave | |
| CITY-ST-ZIP | St Louis MO, 63108-1010 | |
| TITLE NAME | D Beaulieu, Evelyn | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 5749 Merrill Hall Univ Maine | |
| CITY-ST-ZIP | Orono ME 04469 | |

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:

Laurence I Ady

1/21/04

407 851-2715

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DOCUMENT # N92000000128

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PAGE 2 Additional Directors of the Commission on Adult Basic Education Inc:

| | | |
|----------------|-----------------------|----------|
| Title | TD | |
| Name | Sabilia, Tony | ADDITION |
| Street Address | 15 Shirley Lane | |
| City-St-ZIP | New London CT 06320 | |
| Title | D | |
| Name | Ingram, Pamela | ADDITION |
| Street Address | 1600 South 25th St | |
| City St ZIP | Idaho Falls, ID 83404 | |
| Title | D | |
| Name | Hinojosa, Arnie | ADDITION |
| Street Address | 6515 Irvington Blvd | |
| City-St-ZIP | Houston TX 77022 | |
| Title | D | |
| Name | Schmidt, Marilyn | ADDITION |
| Street Address | 951 Fairfax | |
| City-St-ZIP | Carlyle, IL 62231 | |
| Title | D | |
| Name | Hollingsworth, David | ADDITION |
| Street Address | 109 S College St | |
| City-St-ZIP | Martinsburg WV 25401 | |
| Title | D | |
| Name | Kornahrens, Julie Ann | ADDITION |
| Street Address | 102 Green Wave Blvd | |
| City -St-ZIP | Summerville SC 29483 | |
| Title | D | |
| Name | James, Lorene | ADDITION |
| Street Address | 2121 Charlotte | |
| City-St- ZIP | Kansas City MO 64108 | |