

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2005 8:00 am
Secretary of State

01-07-2005 90016 002 ****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
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20000499



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01032005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-3164580		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent PUGH, IRBY G 218 ANNIE ST ORLANDO, FL 32806		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLAIBORNE, SHERRIE 220 SHLEBY THOMPSON LANE HARROGATE, TN 37752 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Harrison, Renae 114 South Mulberry St Elizabethtown KY 42701 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GAGLIARDI, DOM 3750 MARY LANE ESCONDIDO, CA 92025 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Kornahrens, Julie Anne 1325-A Boonehill Road Summerville SC 29483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFOD ADY, LAURENCE I 2495 TRENTWOOD BLVD. BELLE ISLE, FL 32812 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Hagerty, Cheryl 940 London AVE # 1600 Marysville OH 43040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LAWSON, GAIL M 31 MILL ROAD FOSTER, RI 02825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D James, Lorene 2121 Charlotte Kansas City MO 64108 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WENG, ROBERT 5078 KENSINGTON AVE. SAINT LOUIS, MO 631081010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Crawford, Nancy PO box 6662 Tyler TX 75711 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEAULIEU, EVELYN 5749 MERRILL HALL UNIV. MAINE ORONO, ME 04469 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Rogers, Margaret 5660 Rolling Oak Drive Sacramento CA 95841 <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: Laurence I Ady CFO **1/5/2005** **407 851-2715**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
20000499

PAGE TWO Not-For -Profit Corporation Annual Report 2005
Document # N92000000128
Commission on Adult Basic Education Inc

Title D Addition
Name Ingram, Pamela
St Add 1600 South 25th East
Ct St Z Idaho Falls ID 83404