

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000003097

FILED  
Mar 18, 2006  
Secretary of State

Entity Name: CREATION EDUCATION RESOURCES, INC.

**Current Principal Place of Business:**

108 MCVICKERS RD  
MIDDLEBURG, FL 32068

**New Principal Place of Business:**

**Current Mailing Address:**

108 MCVICKERS RD  
MIDDLEBURG, FL 32068 US

**New Mailing Address:**

FEI Number: 59-3258556

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OVERMAN, RICHARD L  
108 MCVICKERS RD  
MIDDLEBURG, FL 32068 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: PD ( ) Delete  
Name: OVERMAN, RICHARD L  
Address: 108 MCVICKERS RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: STD ( ) Delete  
Name: OVERMAN, VIRGINIA A  
Address: 108 MCVICKERS RD  
City-St-Zip: MIDDLEBURG, FL 32068

Title: D ( ) Delete  
Name: BEAR, KATHY  
Address: 1168 W MORGAN CIRCLE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: FAULKNER, DANNY DR  
Address: P O BOX 889  
City-St-Zip: LANCASTER, FL 29721

Title: D ( ) Delete  
Name: ST. JEAN, MICHAEL  
Address: 1601 OCEAN DR S #608  
City-St-Zip: JACKSONVILLE BEACH, FL 32258

Title: D ( ) Delete  
Name: MOELLER, TERRI  
Address: 2456 MOON HARBOR WAY  
City-St-Zip: MIDDLEBURG, FL 32068

**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:

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 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: RICHARD L. OVERMAN

PRES

03/18/2006

Electronic Signature of Signing Officer or Director

Date