

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # N94000006250

1. Entity Name
WORLD CLASS EDUCATIONAL RESEARCH
FOUNDATION, INC.



Principal Place of Business
1840 PHILLIPPI SHORES DR
SARASOTA, FL 34231 US

Mailing Address
PO BOX 20708
SARASOTA, FL 34276 US



04182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0636034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SEIDER, WILLIAM
200 S ORANGE AVE
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000347345
04/30/05-80111-015 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD MORRIS, ROBERT A JR 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, PAMELA J 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORRIS, ROBERT A III 1840 PHILLIPPI SHORES DR SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT A. MORRIS, JR

PRES

04/25/05
Date

941-923-6353
Daytime Phone #