2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001337

Entity Name: FRVTA EDUCATIONAL FOUNDATION INC.

FILED Mar 28, 2008 Secretary of State

Littly Na	IIIE. FRVIAL	DOCATIONAL FOUNDATION	i, inc.		
Current P	rincipal Place	of Business:	New Principal Place of Business:		
10510 GIBSONTON DRIVE RIVERVIEW, FL 33569 Current Mailing Address:			10510 GIBSONTON DRIVE RIVERVIEW, FL 33578 New Mailing Address:		
FEI Number	: 65-0585006	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()
Name and	l Address of C	urrent Registered Agent:	Name and	Address of	New Registered Agent:
2ND FLOO	NROE ST.	01 US			
	e named entity : e of Florida.	submits this statement for the	purpose of changing i	its registered	office or registered agent, or bot
SIGNATUI	RE:				
	Electror	ic Signature of Registered Ag	ent		Date
OFFICER	S AND DIREC	TORS:	ADDITION	IS/CHANGES	S TO OFFICERS AND DIRECT
Title: Name: Address: City-St-Zip:	D () SANDERS, DE 12380 N W HW ALACHUA, FL	Y 441	Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	MANSONS, GU	AND PARK BLVD., #800	Title: Name: Address: City-St-Zip:	C (X SCHAFFER, L 10626 GENER JACKSONVILI	RAL AVENUE
Title: Name: Address: City-St-Zip:	PD () WILSON, DAVI 2440 ROBERT, CLEARWATER	A LANE	Title: Name: Address: City-St-Zip:	PD (X WILSON, DAN 10510 GIBSO RIVERVIEW,	NTON DRIVE
Title: Name: Address: City-St-Zip:	VD () KELLY, J D 17631 NATHAN TAMPA, FL 33		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name:	STD ()		Title: Name:	STD (X	

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip: RIVERVIEW, FL 33578

SIGNATURE: LANCE WILSON MD 03/28/2008

RIVERVIEW, FL 33569

City-St-Zip: