

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000605

FILED
Apr 18, 2006
Secretary of State

Entity Name: INDIANTOWN EDUCATION COALITION, INC.

Current Principal Place of Business:

STATE ROAD 710
INDIANTOWN, FL 34956

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 553
INDIANTOWN, FL 34956

New Mailing Address:

FEI Number: 65-0628920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AUAD, SR. TERESA
16652 SW WARFIELD BLVD.
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

AUAD, SR. TERESA
16654 SW WARFIELD BLVD.
INDIANTOWN, FL 34956 US

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:

04/18/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RYAN, ROBERT
Address: P.O. BOX 176 N/A
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: DAILEY, MICHAEL
Address: 15255 SW JACKSON AV.
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: HENDERSON, DEBBIE
Address: 16303 SW FARM RD
City-St-Zip: INDIANTOWN, FL 34956

Title: D () Delete
Name: SCHREINER, KAREN
Address: 15655 SW OSCEOLA ST
City-St-Zip: INDIANTOWN, FL 34956

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:

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: TERESA AUAD

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date