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Mar 20 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001781 (1)

1. Corporation Name

THE SHAKERS EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

2040 NW 111 STREET  
MIAMI FL 33167

2040 NW 111 STREET  
MIAMI FL 33167-3820

3. Date Incorporated or Qualified  
03/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

Applied For

65-0659620

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILBRY, HUDGON  
2040 NW 111 STREET  
MIAMI FL 33167

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME MILBRY, HUDGON  
STREET ADDRESS 2040 NW 111 STREET  
CITY-ST-ZIP MIAMI FL 33167

1.1 TITLE DIRECTOR & PRESIDENT  
1.2 NAME MILBRY, HUDGON  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME MILBRY, CRAIG  
STREET ADDRESS 2040 NW 111 STREET  
CITY-ST-ZIP MIAMI FL 33167

2.1 TITLE DIRECTOR & SECRETARY  
2.2 NAME MILBRY, CRAIG  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME MILBRY, ANNIE M  
STREET ADDRESS 2040 NW 111 STREET  
CITY-ST-ZIP MIAMI FL 33167

3.1 TITLE DIRECTOR, VP & TREAS.  
3.2 NAME MILBRY, ANNIE M  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032173

CR2E037 (9/96)