

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000003973

1. Entity Name
NATIONAL COMPUTER EDUCATION FOUNDATION, INC.



Principal Place of Business
1566 NW SWEET BAY CIRCLE
PALM CITY, FL 34990

Mailing Address
1566 NW SWEET BAY CIRCLE
PALM CITY, FL 34990



04192007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0766567

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

DEISLER, GWENDOLYN SUE
1566 NW SWEET BAY CIR
PALM CITY, FL 34990

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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 renewing)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	DEISLER, GWENDOLYN S
STREET ADDRESS	156 NW SWEET BAY CIR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	VTD
NAME	DEISLER, JOSEPH P
STREET ADDRESS	1566 NW SWEET BAY CIR
CITY-ST-ZIP	PALM CITY, FL 34990
TITLE	D
NAME	WENZEL, JEFFREY S
STREET ADDRESS	3322 AARON DRIVE
CITY-ST-ZIP	NEW MARKET, MN 55054
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000725214
05/03/07-80013-010 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

4-19-07

Date

772-336-1006

Daytime Phone #