FILE NOW: FILING FEE IS $61.25

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Jul 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N97000006326 (9)**

1. Corporation Name
EACH ONE TEACH ONE, INC.

Principal Place of Business	Mailing Address
9681 113TH ST N, #117 SEMINOLE FL 33772	PO BOX 3894 SEMINOLE FL 33775

3. Date Incorporated or Qualified: 11/07/1997

4. FEI Number: 59-3478543 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TURLEY, DAVID KELLER
9681 113TH ST N, #117
SEMINOLE FL 33772

10. Name and Address of New Registered Agent

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	☐ DELETE	1.1 TITLE	President D	☒ Change ☐ Addition
NAME	TURLEY, DAVID K		1.2 NAME		
STREET ADDRESS	9681 113TH ST N		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	Vice President D	☒ Change ☐ Addition
NAME	KAUFMANN, BRUCE G		2.2 NAME		
STREET ADDRESS	8353 79TH AVE N		2.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		2.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, ALLEN		3.2 NAME		
STREET ADDRESS	110 12TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIAN SHORES FL 33785		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	Director at Large	☒ Change ☐ Addition
NAME	LAFFERTY, STEVEN		4.2 NAME		
STREET ADDRESS	9685 LAKE SEMINOLE DR E		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33772		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	Secretary Treasurer	☐ Change ☒ Addition
NAME	POLLARD, TAMMY		5.2 NAME	POLLARD, TAMMY	
STREET ADDRESS	7770 STARKEY RD #128G		5.3 STREET ADDRESS	7770 STARKEY RD #128G.	
CITY-ST-ZIP	SEMINOLE, FL, 33777.		5.4 CITY-ST-ZIP	SEMINOLE, FL, 33777.	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	700002588717	
STREET ADDRESS			6.3 STREET ADDRESS	-07/14/98--01078--024	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***61.25	

CR2E037 (10/97)

14. I 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] 813-398-4208