

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90278 002 ****61.25

DOCUMENT # N97000006326

1. Entity Name

EACH ONE, TEACH ONE, INC.



DO NOT WRITE IN THIS SPACE

11032349

2. Principal Place of Business

10870 62ND AVE. N.

3. Mailing Address

10870 62ND AVE. N.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SEMINOLE FL

City & State

SEMINOLE FL

4. FEI Number

59-3478243

Applied For

Not Applicable

Zip

33772

Country

USA

Zip

33772

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

TURLEY, DAVID K.

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

10870 62ND AVE. N.

City

SEMINOLE

FL

Zip Code

33772

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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 reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TURLEY, DAVID K.
STREET ADDRESS	10870 62ND AVE. N.
CITY-ST-ZIP	SEMINOLE, FL, 33772
TITLE	VPD
NAME	KAUFMANN, BRUCE G.
STREET ADDRESS	8353 79TH AVE. N.
CITY-ST-ZIP	SEMINOLE, FL, 33772
TITLE	D.
NAME	LAFFERTY, STEVEN
STREET ADDRESS	9685 LAKE SEMINOLE DR E
CITY-ST-ZIP	SEMINOLE, FL, 33772
TITLE	DI
NAME	TURLEY, GLENDA
STREET ADDRESS	10870 62ND AVE. N.
CITY-ST-ZIP	SEMINOLE, FL, 33772
TITLE	D
NAME	CARPENTER, CAROL
STREET ADDRESS	4400 22ND AVE. N.
CITY-ST-ZIP	ST. PETERSBURG, FL, 33713
TITLE	D.
NAME	DELLO, DONNA
STREET ADDRESS	3722 16TH ST. N.
CITY-ST-ZIP	ST. PETERSBURG, FL, 33702

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. 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 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 on an attachment with an address with all other like empowered.

SIGNATURE:

[Signature]

DAVID K. TURLEY

4/28/03 (727) 319-9673

CR2E037S (12/02)