

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000923

FILED  
Feb 03, 2005  
Secretary of State

**Entity Name:** INTERNATIONAL FOUNDATION FOR CHILDREN'S EDUCATION, INC.

**Current Principal Place of Business:**

1921 SW 8TH DRIVE  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1921 SW 8TH DRIVE  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:** 59-3490063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

OAKLAND, THOMAS D  
1921 SW 8TH DRIVE  
GAINESVILLE, FL 32601 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: OAKLAND, THOMAS D DR.  
Address: 1921 SW 8TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: D ( ) Delete  
Name: KANE, HARRISON D  
Address: PSYCHOLOGY DEPT, WEDON CAROLINA  
City-St-Zip: GLENVILLE, NC 28736

Title: D ( ) Delete  
Name: BUSBY, WALTER  
Address: 1403 NORMAN HALL  
City-St-Zip: GAINESVILLE, FL 326117047

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BAUR, ED  
Address: 726 NW 8 AVENUE  
City-St-Zip: GAINESVILLE, FL 32601

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 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 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: THOMAS OAKLAND

PRES

02/03/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date