

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005022

FILED
Sep 06, 2005
Secretary of State

Entity Name: EDUCATORS FOR LIFE, INC.

Current Principal Place of Business:

12811 KENWOOD LANE
SUITE 211
FORT MYERS, FL 33907

New Principal Place of Business:

P O BOX 6931
FORT MYERS, FL 33911

Current Mailing Address:

12811 KENWOOD LANE
SUITE 211
FORT MYERS, FL 33907

New Mailing Address:

P O BOX 6931
FORT MYERS, FL 33911

FEI Number: 65-0873231 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REAVES, RICH
1470 BRAMAN AVENUE
FORT MYERS, FL 33901 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: PD () Delete
Name: REAVES, RICH
Address: 1470 BRAMAN AVENUE
City-St-Zip: FORT MYERS, FL 33901

Title: VD () Delete
Name: BURDETTE, LYNN
Address: 15291 SAM SNEAD LANE
City-St-Zip: N. FORT MYERS, FL 33917

Title: SD () Delete
Name: MCCOY, LINDA
Address: 3091 PACKINGHOUSE RD.
City-St-Zip: ALVA, FL 339204031

Title: TD () Delete
Name: PISCITELLI, SUZI
Address: 4627 S.W. 6TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: D (X) Delete
Name: SPECHT, SUZANNE
Address: 14520-8 SUMMERLINE TRACE COURT
City-St-Zip: FORT MYERS, FL 33919

Title: D () Delete
Name: ADMIRE, CHERYL
Address: 1023 S.E. 11TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: TD (X) Change () Addition
Name: SPECHT, SUZANNE
Address: 14520-8 SUMMERLIN TRACE CT.
City-St-Zip: FT. MYERS, FL 33919

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

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: LINDA O. MCCOY

SD

09/06/2005

Electronic Signature of Signing Officer or Director

Date