

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90028 049 ****61.25

DOCUMENT # N99000006689

1. Entity Name
GENERATIONS HOMESCHOOL YEARBOOK, INC.



Principal Place of Business
4737 12TH AVE N
SAINT PETERSBURG, FL 33713

Mailing Address
4737 12TH AVE N
SAINT PETERSBURG, FL 33713

54061752



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number

59-3608199

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FETTING, CYNTHIA S
4737 12TH AVE N
SAINT PETERSBURG, FL 33713

Name

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

City

FL

Zip Code

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

Filing Fee is \$61.25
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME DANIEL, JULIE
STREET ADDRESS 1500 77TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33702

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☒ Delete
NAME CARROLL, LAURA
STREET ADDRESS 6043 GULFPORT BLVD S
CITY-ST-ZIP GULFPORT, FL 33707

TITLE VP ☒ Change ☐ Addition
NAME LaChance, Kathy
STREET ADDRESS 8248 Eagles Park Drive North
CITY-ST-ZIP Saint Petersburg FL 33709

TITLE S ☒ Delete
NAME LECHANCE, KATHY
STREET ADDRESS 8248 EAGLES PARK DRIVE NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33709

TITLE S ☒ Change ☐ Addition
NAME Joy Mootsey
STREET ADDRESS 7008 59th Street North
CITY-ST-ZIP Pinellas Park, FL 33781

TITLE T ☐ Delete
NAME FETTING, CYNTHIA
STREET ADDRESS 4737 12TH AVE N
CITY-ST-ZIP SAINT PETERSBURG, FL 33713

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cynthia S. Fetting* *Cynthia S. Fetting* 7-7-04 727-323-3180
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #