

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90335 033 ****61.25

DOCUMENT # N99000006907

1. Entity Name
ROACH MOTIVATIONAL EDUCATION FOUNDATION, INC.



Principal Place of Business
**341 20TH STREET SE
NAPLES, FL 34117**

Mailing Address
**341 20TH STREET SE
NAPLES, FL 34117**

50038168



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02102005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number
31-1714193

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

**SCHOTT, JAMES
341 20TH STREET SE
NAPLES, FL 34117**

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 May 1, 2005**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
SCHOTT, JAME
341 20TH STREET SE
NAPLES, FL 34117** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.T.D.
Schott, James
341-20th Street SE
Naples, Florida 34117** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
MANLEY, PAUL
2150 GOODLETTE ROAD NORTH
NAPLES, FL 34102** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.V.
Rubin, George
445 Dockside Dr, Unit 801
Naples, FL 34110** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
THOMAS, FRED
1800 IMMOKALEE ROAD
NAPLES, FL 39142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.V.
Arhar, Dana
701 Immokalee Dr.
Immokalee, Florida 39142** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SCALLAN, LISA
401 9TH STREET NORTH
IMMOKALEE, FL 39142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D.S.
West, Pat
1361 Salvadore Ct.
Marco Island, Florida 34145** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROACH, FRANK
4343 ALBON ROAD
MONCLOVA, OH 43542** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOURON, MANNY
701 Immokalee Dr.
Immokalee, Florida 39142** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOURON, MANNY
401 9TH STREET NORTH
IMMOKALEE, FL 39142** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TOURON, MANNY
701 Immokalee Dr.
Immokalee, Florida 39142** ☒ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

James Schott/President 04/11/2005(238)455-3190