2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State
04-05-2006 90142 037 ****61.25

DOCUMENT # N99000006907

1. Entity Name
ROACH MOTIVATIONAL EDUCATION FOUNDATION, INC.

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

01302006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 31-1714193 ☐ Applied For ☐ Not Applicable

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 _____ 04/01/2006
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, 2006

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	P/T/D James Schott 341 20th ST. SE Naples, FL 34117	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV MANLEY, PAUL 2150 GOODLETTE ROAD NORTH NAPLES, FL 34102	☐ Delete	VP Dana Arhar 701 Immokalee Drive Immokalee, FL 39142	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, FRED 1800 IMMOKALEE ROAD NAPLES, FL 39142	☐ Delete	Fred Thomas Director 1205 Orchid Ave Immokalee, FL 39142	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCALLAN, LISA 401 9TH STREET NORTH IMMOKALEE, FL 39142	☐ Delete	Sec Pat West 1361 Salvadore CT Marco Island, FL 34142	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROACH, FRANK 4343 ALBON ROAD MONCLOVA, OH 43542	☐ Delete	VP George Rubin 445 Dockside Dr #801 Naples, FL 34110	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOURON, MANNY 401 9TH STREET NORTH IMMOKALEE, FL 39142	☐ Delete	VP Paul Manley 384 Country Club LN Naples, FL 34110	☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 04/01/06 (239) 455-3190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #