

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P02000100206

1. Entity Name  
FLORIDA REGIONAL ACCREDITATION COUNCIL CORP



Principal Place of Business  
17308 BOCA CLUB BLVD  
SUITE 1102  
BOCA RATON, FL 33487

Mailing Address  
17308 BOCA CLUB BLVD  
SUITE 1102  
BOCA RATON, FL 33487

**FILED  
May 03, 2004 08:00 AM  
Secretary of State**

**DO NOT WRITE IN THIS SPACE**

04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 03-0482604	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAKER, MARJORIE A  
17308 BOCA CLUB BLVD  
SUITE 1102  
BOCA RATON, FL 33487

**DO NOT WRITE  
IN THIS SPACE**

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

*Marjorie Baker*

*9/30/04*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P  
NAME BAKER, MARJORIE  
STREET ADDRESS 17308 BOCA CLUB BLVD #1102  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE ST  
NAME BAKER, MARJORIE  
STREET ADDRESS 17308 BOCA CLUB BLVD #1102  
CITY-ST-ZIP BOCA RATON, FL 33487

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

0000000152045  
05/04/04-80070-014 150.00

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IN THIS SPACE**

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 607, 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:

*Marjorie Baker*

*9/30/04*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #