

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

05-12-2004 90202 050 ****70.50

DOCUMENT # P22906

1. Entity Name
PRAXIS RESEARCH AND TRAINING INSTITUTE, INC.



Principal Place of Business
**1431 S.W. 9TH AVENUE
DEERFIELD BEACH, FL 33441**

Mailing Address
**3105 W. SCENIC DR.
DANIELSVILLE, PA 18038**

DO NOT WRITE IN THIS SPACE

05052004 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0022459 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**BRADY & BRADY, PA
370 N CAMINO GARDANO BLVD
STE 200 C
BOCA RATON, FL 33432**

**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

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

10. OFFICERS AND DIRECTORS

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|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLE, STEPHANIE 3105 W SCENIC DRIVE DANIELSVILLE, PA |
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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:

Stephanie L. Cole
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/7/04
Date

610 8376280
Daytime Phone #