

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P24270

FILED  
Apr 22, 2005  
Secretary of State

**Entity Name:** COMMUNITY EDUCATIONAL TELEVISION, INC.

**Current Principal Place of Business:**

10902 S. WILCREST  
HOUSTON, TX 77099 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 721800  
HOUSTON, TX 77272 US

**New Mailing Address:**

**FEI Number:** 33-0046339      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

SNOWDEN, COLETTE  
3101 EMERSON EXPRESSWAY  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CHERRY, REGINALD B M.D  
Address: 5114 MULBERRY GROVE DR.  
City-St-Zip: KINGWOOD, TX US

Title: VD ( ) Delete  
Name: CROUCH, PAUL F.,  
Address: 1973 PORT CHELSEA PL  
City-St-Zip: NEWPORT BEACH, CA US

Title: STD ( ) Delete  
Name: BROWN, RUTH  
Address: 17 BAHIA  
City-St-Zip: IRVINE, CA 92714 US

Title: AS ( ) Delete  
Name: HICKEY, TERRENCE  
Address: 1762 ROANOKE  
City-St-Zip: TUSTIN, CA US

Title: VD ( ) Delete  
Name: CROUCH, JAN  
Address: 1973 PORT CHELSEA  
City-St-Zip: NEWPORT BEACH, CA US

Title: AS ( ) Delete  
Name: BROWN, ALLAN  
Address: 17 BAHAI  
City-St-Zip: IRVINE, CA 92714 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REGINALD B. CHERRY, MD

PA

04/22/2005

Electronic Signature of Signing Officer or Director

Date