


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

**FILED**  
**Feb 12, 2004 8:00 am**  
**Secretary of State**

02-12-2004 90017 040 \*\*\*\*61.25

**DOCUMENT# N02000005117**

1. Entity Name  
**FLORIDA EDUCATION FORUM, INC.**



**44011161**



Principal Place of Business  
 1132 SYMONDS AVENUE  
 WINTER PARK, FL 32799

Mailing Address  
 1132 SYMONDS AVENUE  
 WINTER PARK, FL 32799

2. Principal Place of Business  
 9240 Bonita Beach Road  
 Suite, Apt. #, etc.

3. Mailing Address  
 9240 Bonita Beach Road  
 Suite, Apt. #, etc.

02042004 Chg-NP CR2E037 (10/03)

City & State  
 Bonita Springs, FL

City & State  
 Bonita Springs, FL

Zip  
 34153

Country  
 USA

Zip  
 34153

Country  
 USA

4. FEI Number  
 05-0538433

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**WILDER, CHARLES D**  
 1132 SYMONDS AVENUE  
 WINTER PARK, FL 32799

7. Name and Address of New Registered Agent

Name  
**Patrick B. Casey**

Street Address (P.O. Box Number is Not Acceptable)  
 9240 Bonita Beach Road

City  
 Bonita Springs, FL Zip Code  
 34153

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 Patrick B. Casey/ST 2/10/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature is required when re-instating) DATE

**Filing Fee is \$61.25 Due by May 1, 2004**

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRYAN, RANDY C 251 PLAZA DRIVE, SUITE B OVIEDO, FL 32765 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BLACK, WILLIAM T 2691 OAKLAND PARK BLVD. SUITE 102 FT. LAUDERDALE, FL 33305 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WILDER, CHARLES D 1132 SYMONDS AVENUE WINTER PARK, FL 32789 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST CASEY, PATRICK B PO BOX 2527 BONITA SPRINGS, FL 34133 2527 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1131 Symonds Avenue Winter Park, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 likees empowered.

**SIGNATURE:** Patrick B. Casey 2/10/04 239-498-6999  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone#