

**2023 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F20000002985

**Entity Name:** EDVENTURE GROUP, INC.

**Current Principal Place of Business:**

2163 ARLINGTON STREET  
SARASOTA, FL 34239

**Current Mailing Address:**

TWO WATERFRONT PLACE, SUITE 1205  
MORGANTOWN, WV 26501 US

**FEI Number:** 16-1642857

**Certificate of Status Desired:** Yes

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

TAYLOR, LYDOTTA M  
2163 ARLINGTON STREET  
SARASOTA, FL 34239 US

*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

**Officer/Director Detail :**

Title CHAI  
Name TEMPLETON, PATRICK A  
Address 1110 VERMONT AVE NW  
City-State-Zip: WASHINGTON DC 20005

Title PRES  
Name TAYLOR, LYDOTTA M  
Address TWO WATERFRONT PLACE, STE 1205  
City-State-Zip: MORGANTOWN WV 26501

Title D  
Name NESSELROAD, MARK M  
Address 6 CANYON ROAD  
City-State-Zip: MORGANTOWN WV 26505

Title D/S  
Name STOOPS, GARY L  
Address 68 MONTAGNE COURT  
City-State-Zip: LITTLE ROCK AR 72223

Title D  
Name MCCLURE-DEMERS, MARILYN  
Address ONE NATIONWIDE PLAZA  
City-State-Zip: COLUMBUS OH 43218

Title D  
Name HUTCHENS, WILLIAM  
Address 414 N. MINNESOTA AVENUE  
City-State-Zip: CLENDORA CA 91741

*I hereby 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 all other like empowered.*

**SIGNATURE:** LYDOTTA M. TAYLOR

**PRESIDENT**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date