

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

DOCUMENT# N02000002448

**FILED  
Jan 10, 2004  
Secretary of State**

**Entity Name:** EACHONETEACHONE FOUNDATION, INC.

**Current Principal Place of Business:**

5745 SW 75 ST #119  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

5745 SW 75 ST #119  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 02-0686530      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MERRIMAN, VANDA W  
5745 SW 75 ST #119  
GAINESVILLE, FL 32608      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: BYRD, WILLIAM  
Address: 1415-2A SW 42 ST  
City-St-Zip: GAINESVILLE, FL 32607

Title: SD      ( ) Delete  
Name: BAILEY, DWIGHT  
Address: 1415-2A SW 42 ST  
City-St-Zip: GAINESVILLE, FL 32607

Title: TD      ( ) Delete  
Name: MERRIMAN, VANDA  
Address: 7305-2A SW 42 PL  
City-St-Zip: GAINESVILLE, FL 32608

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

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

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

Title: TD      (X) Change ( ) Addition  
Name: MERRIMAN, VANDA  
Address: 5745 SW 75TH ST. #119  
City-St-Zip: GAINESVILLE, FL 32608

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: VANDA MERRIMAN

TD

01/10/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date