

FILE NOW: FILING FEE IS \$61.25

FILED

**Jul 14 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006326 (9)
1. Corporation Name
EACH ONE TEACH ONE, INC.



Principal Place of Business: **9881 113TH ST N, #117 SEMINOLE FL 33772**
Mailing Address: **PO BOX 3694 SEMINOLE FL 33775**

3. Date Incorporated or Qualified: **11/07/1997**
4. FEI Number: **59-3478543**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

9. Name and Address of Current Registered Agent
**TURLEY, DAVID KELLER
9881 113TH ST N, #117
SEMINOLE FL 33772**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **85** Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	TURLEY, DAVID K
STREET ADDRESS	9881 113TH ST N
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	D <input type="checkbox"/> DELETE
NAME	KAUFMANN, BRUCE G
STREET ADDRESS	8353 79TH AVE N
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	RUSSELL, ALLEN
STREET ADDRESS	110 12TH AVE
CITY-ST-ZIP	INDIAN SHORES FL 33785
TITLE	D <input type="checkbox"/> DELETE
NAME	LAFFERTY, STEVEN
STREET ADDRESS	9885 LAKE SEMINOLE DR E
CITY-ST-ZIP	SEMINOLE FL 33772
TITLE	<input type="checkbox"/> DELETE
NAME	POLLARD, TAMMY
STREET ADDRESS	7770 STARKEY RD
CITY-ST-ZIP	SEMINOLE, FL, 33777
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Vice President D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Director at large <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Secretary Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	POLLARD, TAMMY
5.3 STREET ADDRESS	7770 STARKEY RD #128G,
5.4 CITY-ST-ZIP	SEMINOLE, FL, 33777
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002588717
6.3 STREET ADDRESS	-07/14/98--01078--024
6.4 CITY-ST-ZIP	***61.25

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: _____ **512-20071208**

CR2E037 (10/97)

A 2/14