

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90708 024 ****61.25



DOCUMENT # N97000006326
 1. Entity Name
EACH ONE TEACH ONE, INC.

Principal Place of Business: **10870 62ND AVE N SEMINOLE FL 33772**
 Mailing Address: **10870 62ND AVE N #127 SEMINOLE FL 33772**

2. Principal Place of Business: **10870 62ND AVE N**
 Suite, Apt. #, etc.
 3. Mailing Address: **10870 62ND AVE N**
 Suite, Apt. #, etc.

City & State: **SEMINOLE FL**
 Zip: **33772** Country: **USA**

MOORE CR2E037 (11/03)

4. FEI Number: **59-3478243**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
TURLEY, DAVID K
10870 62ND AVE N
SEMINOLE FL 33772

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

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

FILE NOW: 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: P NAME: TURLEY, DAVID K STREET ADDRESS: 10870 62ND AVE N CITY-ST-ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE: VPD NAME: KAUFMANN, BRUCE G STREET ADDRESS: 8353 79TH AVE N CITY-ST-ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE: D NAME: LAFFERTY, STEVEN STREET ADDRESS: 9685 LAKE SEMINOLE DR E CITY-ST-ZIP: SEMINOLE FL 33772	<input checked="" type="checkbox"/> Delete
TITLE: DI NAME: TURLEY, GLENDA STREET ADDRESS: 10870 62ND AVE N CITY-ST-ZIP: SEMINOLE FL 33772	<input type="checkbox"/> Delete
TITLE: D NAME: CARPENTER, CAROL STREET ADDRESS: 4400 22ND AVENUE, NORTH CITY-ST-ZIP: SAINT PETERSBURG FL 33713	<input checked="" type="checkbox"/> Delete
TITLE: D NAME: DELLO, DONNA STREET ADDRESS: 3722 16TH STREET, NORTH CITY-ST-ZIP: SAINT PETERSBURG FL 33709	<input type="checkbox"/> Delete Name + Address Change

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: KITELYND, RONALD STREET ADDRESS: 13921 86TH AVE N CITY-ST-ZIP: SEMINOLE FL, 33776	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: SHYSER, ROGER STREET ADDRESS: 250 SIESTA LANE CITY-ST-ZIP: LARGO, FL, 33770	<input type="checkbox"/> Change <input checked="" 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
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: OLTMAN, DONNA STREET ADDRESS: 7400 46TH AVE N #213 CITY-ST-ZIP: ST PETERSBURG, FL, 33709	<input checked="" 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 like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone #: _____

Attachment

44043496
#N97000006326

~~EACH ONE TEACH ONE INC.~~

10970 62ND. AVE. NORTH, SEMINOLE, FL 33772 (727) 319-WORD

April 28, 2004

Division of Corporation
Annual Report Section
P.O.Box 6850
Tallahassee, FL 32314

Dear Sir or Madam,

Last year we sent, with our annual report, an additional sheet showing the new members to our Board of Directors.

The form we received this year did not reflect the names of the added members.

The following four names, if they do appear in the Corporate Record should be deleted.

1. Peggy Kirsic
6607 S. Munroe St.
Tampa, FL 33616 Delete
2. Merlyn Nelson
801 83rd. Ave. N.
St. Petersburg, FL 33762 Delete
3. Lyle Simons
1894 Oakdale Ln.
Clearwater, FL 33764 Delete
4. Celeste Salanitri
610 61st. St. N.
St. Petersburg, FL 33710 Delete

Thank you for your assistance. Please contact us if you have any questions.

Yours Truly,
David Turley

