

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006323

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: MACDILL EDUCATION COUNCIL, INC.

**Current Principal Place of Business:**

8208 HANGAR LOOP DR.  
STE 4  
MACDILL AFB, FL 33621

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6766  
MACDILL AFB, FL 33608

**New Mailing Address:**

FEI Number: 59-3520209

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MONG, JEFFREY J  
5021 BAYSHORE BLVD, # 5  
TAMPA, FL 33611 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: DV ( ) Delete  
Name: JEFFREY, MONG  
Address: 5921 BAYSHORE BLVD, # 5  
City-St-Zip: TAMPA, FL 33611

Title: DV ( ) Delete  
Name: DAVIS, TAMMY  
Address: 12426 TREE POINTE CT  
City-St-Zip: RIVERVIEW, FL 33569

Title: DV ( ) Delete  
Name: FONTENOT, PATRICE  
Address: 12924 CARLINGTON LANE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DV ( ) Delete  
Name: OLLYRN, JANELL3  
Address: 1511 MURRAY AVE  
City-St-Zip: CLEARWATER, FL 33755

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

Title: DV (X) Change ( ) Addition  
Name: JEFFREY, MONG  
Address: 5021 BAYSHORE BLVD, # 5  
City-St-Zip: TAMPA, FL 33611

Title: DV (X) Change ( ) Addition  
Name: CHVATAL, SUSAN M  
Address: 502 S FREMONT AVE #615  
City-St-Zip: TAMPA, FL 33606

Title: DV (X) Change ( ) Addition  
Name: FONTENOT, PATRICE W  
Address: 12924 CARLINGTON LANE  
City-St-Zip: RIVERVIEW, FL 33569

Title: DV (X) Change ( ) Addition  
Name: ATANACIO, DON  
Address: 4003 S. WESTSHORE BLVD APT 2603  
City-St-Zip: TAMPA, FL 33611

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PATRICE W. FONTENOT

DV

04/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date