2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# 710612

Entity Name: THE EDUCATIONAL FOUNDATION OF THE FLORIDA RESTAURANT ASSOCIATION, INC.

Current Principal Place of Business:

230 S. ADAMS ST.
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1779
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6194391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DOVER, CAROL B
230 S. ADAMS ST.
TALLAHASSEE, FL 32301 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: VC ( ) Delete
Name: JUDITH, KOUTSOS
Address: 8446 CESSNA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: CEO ( ) Delete
Name: DOVER, CAROL B
Address: 534 DOVER RD
City-St-Zip: HAVANA, FL 32333

Title: ST ( ) Delete
Name: ENGLAND, CHESTER R III
Address: 17777 OLD CUTLER RD
City-St-Zip: MIAMI, FL 33157

Title: C ( ) Delete
Name: HURST, ANDY
Address: 1900 SE 15TH STREET
City-St-Zip: FT LAUDERDALE, FL 33316 30

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: CAROL B DOVER D 01/10/2005
Electronic Signature of Signing Officer or Director Date