FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

1/29/97 561-461-6040
Dayline Prone # 00711

3a. Date of Last Report 01/29/1996

3. Date Incorporated or Qualified 11/19/1981

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

Principal Place of Business

311 SOUTH SECOND STREET

SIGNATURE:

P. O. BOX 1270 FT. PIERCE FL 34954 760752

(6)

311 SOUTH SECOND STREET

FT. PIERCE FL 34954-1270

Mailing Address

P. O. BOX 1270

JOHN CARROLL EDUCATIONAL FOUNDATION, INC.

— ·	, Principal Place of Business 1		is		59-2145702		plied For
21		[26]			39 2 173702		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & State)	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip 24	Country Zip (25) 29 30			Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Currer	t Registered Agent]		10. Name and Address of New Re	gistered Agent	
				81 Name		-	
GRIFFIN, CHESTER B				82 Street Address (P.O. Box Number is Not Acceptable)			
311 SOUTH SECOND ST				•	<u></u>		
FT PIERCE FL 34954				83	·		
			Ì	84 City		FL 85 Zip C	Code
11. Pursuant t	o the provisions of Sections 617.050	2 and 617.1508, Florida	Statutes, the at	ove-named cor	poration submits this statement for the	purpose of changing its	s registered
office or re	egistered agent, or both, in the State	of Florida. Such change	e was authorized	l by the corpora	poration submits this statement for the patients board of directors. I hereby acceptions	pt the appointment as i	registered
	it familiar with, and accept the oblig-	allons of, Section of r.oc	oo, nonda stati	Mag.			
SIGNATURE _	Signature, typed or printed name of registered ape	nt and title if applicable	(NOTE: Registered	Agent signet se regu	lired when reinstating)	DATE	
12.	OFFICERS AN		13.	Agail agratore rado	ADDITIONS/CHANGES TO OFFIC		S IN 12
TITLE	PD	DELE		i F	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Change	Addition
NAME	GRIFFIN, CHESTER B.		1.2 NA	1			
ľ	151 HARTMAN RD				•		
STREET ADDRESS	FT. PIERCE FL			REET ADDRESS			
CITY-ST-ZIP		☐ DELE		Y-ST-ZIP		☐ Change	Addition
TITLE	SD OUMORE OAROU		1	1	T.	Cuante.	LJ ADDITION [
NAME	GILMORE, CAROL	r	2.2 NA	····			
STREET ADDRESS	2504 LAZY HAMMOCKS LAN	E		REET ADDRESS	"		
CHTY-ST-ZIP	FT. PIERCE FL	Llacu		TY-ST-ZIP		1105	Lagities
TITLE	TD	☐ DELI		· ·		☐ Change	Addition
NAME	DRISCOLL, MICHAEL		3.2 NA	,			
STREET ADDRESS	1920 WREN AVENUE			REET ADDRESS			
CITY-ST-2IP	FT. PIERCE FL			TY-ST-ZIP	***************************************		
TITLE		☐ DELI	4.1 T(1	LE		Change	Addition
NAME			4.2 N	UME			
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP				Y-ST-ZIP			
TITLE		☐ DELE	5.1 TIT	LE		☐ Change	Addition
NAME			5.2 NA	ME			
STREET ADDRESS			5.3 ST	REET AODRESS	•		
CITY-ST-ZIP			5.4 Cit	Y-ST-ZIP			
TITLE		☐ DELE	TE 6.1 TIT	LE		Change	☐ Addition
NAME			6.2 NA	ME			j
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP			6.4 CF	Y-ST-2IP			
14. I do hereb	y certify that the information supplie	d with this filing does no	y qualify for the	evemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that t	the
Intermation I am an of	n indicated on this annual report or a ficer or director of the corporation or a Block 12 or Block 13 if changed in	supplemental annual rep the receiver or trustee of r on an attachment with	ori is true and a empowered to e an address	ccurate and tha xecute this repo	at my signature shall have the same leg- ort as required by Chapter 617, Florida S	at effect as if made und Statutes; and that my n	uer oatn; that iame