

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2002 8:00 am
Secretary of State

02-19-2002 90042 050 ****61.25

0000565

DOCUMENT # 760752

1. Entity Name

JOHN CARROLL EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

**311 SOUTH SECOND STREET
 P. O. BOX 1270
 FT. PIERCE FL 34954**

**311 SOUTH SECOND STREET
 P. O. BOX 1270
 FT. PIERCE FL 34954**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2145702

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRIFFIN, CHESTER B
 311 SOUTH SECOND ST
 FT PIERCE FL 34954**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** Delete
 NAME **SCOTTO, DOMINICK**
 STREET ADDRESS **8600 INDRIO ROAD**
 CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE **PJ** Change Addition
 NAME **Chester B Griffin**
 STREET ADDRESS **311 S. 2nd Street**
 CITY-ST-ZIP **FT Pierce, FL 34950**

TITLE **D** Delete
 NAME **RICE, JAMES A**
 STREET ADDRESS **2521 NORTH INDIAN RIVER DRIVER**
 CITY-ST-ZIP **FT PIERCE FL 34946**

TITLE **STO** Change Addition
 NAME **Michael J Driscoll**
 STREET ADDRESS **1920 Wren Ave**
 CITY-ST-ZIP **FT Pierce, FL 34982**

TITLE **D** Delete
 NAME **DRISCOLL, PAUL**
 STREET ADDRESS **PO BOC 1509**
 CITY-ST-ZIP **FT PIERCE FL 34954**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **DUNGEY, RICHARD**
 STREET ADDRESS **1100 S FEDERAL HIGHWAY**
 CITY-ST-ZIP **STUART FL 34994**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **STEMLE, DUANE**
 STREET ADDRESS **49 N SEWALLS POINT ROAD**
 CITY-ST-ZIP **SEWALLS POINT FL 34996**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ELAM, JIM**
 STREET ADDRESS **111 ORANGE AVENUE, SUITE 300**
 CITY-ST-ZIP **FT PIERCE FL 34950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 OF [Signature]

1/18/02

561-461-6040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)