


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90034 028 ****61.25

DOCUMENT # 760752
 1. Entity Name
JOHN CARROLL EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
 311 SOUTH SECOND STREET
 P. O. BOX 1270
 FT. PIERCE, FL 34954

Mailing Address
 311 SOUTH SECOND STREET
 P. O. BOX 1270
 FT. PIERCE, FL 34954

24008573



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
 59-2145702

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing 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	PD	<input type="checkbox"/> Delete
NAME	GRIFFIN, CHESTER B	
STREET ADDRESS	311 S 2ND STREET	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DRISCOLL, MICHAEL J	
STREET ADDRESS	1920 WREN AVE	
CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	DRISCOLL, PAUL	
STREET ADDRESS	PO BOC 1509	
CITY-ST-ZIP	FT PIERCE, FL 34954	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNGEY, RICHARD	
STREET ADDRESS	1100 S FEDERAL HIGHWAY	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEMLE, DUANE	
STREET ADDRESS	49 N SEWALLS POINT ROAD	
CITY-ST-ZIP	SEWALLS POINT, FL 34996	
TITLE	D	<input type="checkbox"/> Delete
NAME	ELAM, JIM	
STREET ADDRESS	111 ORANGE AVENUE, SUITE 300	
CITY-ST-ZIP	FT PIERCE, FL 34950	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1920 Wren Ave	
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Driscoll, Paul	
STREET ADDRESS	2906 Grove Drive	
CITY-ST-ZIP	FT Pierce, FL 34981	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gmail, Bernard	
STREET ADDRESS	PO Box 690218	
CITY-ST-ZIP	Vero Beach, FL 32969	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rice, James	
STREET ADDRESS	2521 North Indian River Drive	
CITY-ST-ZIP	FT Pierce, FL 34946	

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: Michael J Driscoll **1/10/04** **772-461-6040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #