


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

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
--	--



03082007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2145702	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

100000669867
03/27/07-80089-008 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFIN, CHESTER B 311 S 2ND STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DRISCOLL, MICHAEL J 1920 WREN AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DRISCOLL, PAUL 2906 GROVE DRIVE FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNGEY, RICHARD 1100 S FEDERAL HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV RICE, JAMES 2521 NORTH INDIAN RIVER DR FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELAM, JIM 111 ORANGE AVENUE, SUITE 300 FT PIERCE, FL 34950

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 **3/13/2007** **772-461-1421**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #