

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760752

FILED
Jan 14, 2009
Secretary of State

Entity Name: JOHN CARROLL EDUCATIONAL FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2145702 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFIN, CHESTER B
311 SOUTH SECOND ST
FT PIERCE, FL 34954 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: PD () Delete
Name: GRIFFIN, CHESTER B
Address: 311 S 2ND STREET
City-St-Zip: FORT PIERCE, FL 34950

Title: STD () Delete
Name: DRISCOLL, MICHAEL J
Address: 1920 WREN AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: D () Delete
Name: DRISCOLL, PAUL
Address: 2906 GROVE DRIVE
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: DUNGEY, RICHARD
Address: 1100 S FEDERAL HIGHWAY
City-St-Zip: STUART, FL 34994

Title: DV () Delete
Name: RICE, JAMES
Address: 2521 NORTH INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: ELAM, JIM
Address: 600 CITRUS AVE, STE. 200
City-St-Zip: FORT PIERCE, FL 34950

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
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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 exemption stated 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 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: MICHAEL J DRISCOLL

STD

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date