


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90160 013 ****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**



CHECK HERE IF MAKING CHANGES

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

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

City & State

Zip Country

4. FEI Number **59-2145702**

Applied For
 Not Applicable

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 _____ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. 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 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 | 1930 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 | VD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | James Rice | |
| STREET ADDRESS | 2521 N. Indian River Drive | |
| CITY-ST-ZIP | FT Pierce, FL 34946 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Bernard Grall | |
| STREET ADDRESS | P O Box 690218 | |
| CITY-ST-ZIP | Vero Beach, FL 32969 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REGISTERED AGENT** *[Signature]* **1/18/03 972-461-6040**

CR2E037 (10/02)