


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90181 041 ****61.25

| | |
|--|---|
| DOCUMENT # N02000006074 |  |
| 1. Entity Name FLORIDA NOW EDUCATION FUND INCORPORATED | |

| | |
|--|--|
| Principal Place of Business 2600 N. FLAGLER DR. #207 WEST PALM BEACH, FL 33407-5521 US | Mailing Address C/O HERMAN, 2600 N. FLAGLER DR. 207 WEST PALM BEACH, FL 33407 US |
|--|--|

| | |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
| Suita, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

04182007 Chg-NP CR2E037 (12/06)

| | |
|---|---------------------------------------|
| 4. FEI Number APPLIED FOR | 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 | |
| HERMAN, SHIRLEY Y 2600 N. FLAGLER DR. 207 WEST PALM BEACH, FL 33407 | |

| | |
|--|--------------------|
| 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, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | Make check payable to Florida Department of State |
|---|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES POLLOCK, CLARICE 1965 S. OCEAN DR., APT S-17 HALLANDALE, FL 33009 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA HERMAN, SHIRLEY Y 2600 N. FLAGLER DR. #207 WEST PALM BEACH, FL 33407 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SLUTIAK, DONNA M 6175 S HWY314 A OCKLAWAHA, FL 32179 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECT BLANCHARD, JANE 2940 YORKSTOWN ST SARASOTA, FL 34231 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COHEN, JENNIFER 2271 LERYL AVE. NORTH PORT ESTATE, FL 34286 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCCAFFREY, JESSICA 5633 DUKE RD. JACKSONVILLE, FL 32207 <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Shirley Y Herman **4/18/07** **561-802-3722**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40085160
#N0200006074

OMB No. 1545-1150

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

2006

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

A For the 2006 calendar year, or tax year beginning 1/1, 2006, and ending 12/31, 2006
B Check if applicable: [] Address change, [] Name change, [X] Initial return, [] Final return, [] Amended return, [] Application pending
C Name of organization: Florida NOW Education Fund Inc
D Employer identification number: 86-1055368
E Telephone number: (904) 802 3722
F Group Exemption Number
G Accounting method: [X] Cash [] Accrual
H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website:
J Organization type (check only one) [X] 501(c) (3) (insert no.) [] 4947(a)(1) or [] 527
K Check [X] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)

Table with 21 rows for Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Includes sub-rows for gross amounts and less expenses.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

Table with 5 rows (22-27) for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

ATTACHMENT

48085160 #N02000006074

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)

- 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶
- b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶
- d Enter amount of tax on line 40c reimbursed by the organization . . . ▶
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

| | Yes | No |
|-----|-----|----|
| 40b | | |
| 40c | | |
| 40d | | |
| 40e | | |

- 41 List the states with which a copy of this return is filed. ▶
- 42a The books are in care of ▶ Telephone no. ▶ ()
Located at ▶ ZIP + 4 ▶

- b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country: ▶
See the instructions for exceptions and filing requirements for Form TD F 90-22.1.
- c At any time during the calendar year, did the organization maintain an office outside of the U.S.?
If "Yes," enter the name of the foreign country: ▶

| | Yes | No |
|-----|-----|----|
| 42b | | |
| 42c | | |

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ 43

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here
 Signature of officer: Shirley T. Herman Date: 4/18/07
 Type or print name and title: Shirley T. Herman, Treasurer

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed
 Firm's name (or yours if self-employed), address, and ZIP + 4: _____ Preparer's SSN or PTIN (See Gen. Inst. X): _____
 EIN: _____ Phone no.: _____