2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State DOCUMENT # N02000006074 04-27-2007 90181 041 ****61.25 FLORIDA NOW EDUCATION FUND INCORPORATED Principal Place of Business Mailing Address 2600 N. FLAGLER DR. #207 C/O HERMAN, 2600 N. FLAGLER DR. WEST PALM BEACH, FL 33407-5521 US 207 WEST PALM BEACH, FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 CR2E037 (12/06) City & State City & State 4. FEI Number APPLIED FOR Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERMAN, SHIRLEY Y 2600 N. FLAGLER DR. Street Address (P.O. Box Number is Not Acceptable) 207 WEST PALM BEACH, FL 33407 City 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 Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE. Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRES TITLE ☐ Delete TITLE ☐ Change ☐ Addition POLLOCK, CLARICE NAME NAME STREET ADDRESS 1965 S. OCEAN DR., APT S-17 STREET ADDRESS CITY-ST-ZIP HALLANDALE, FL 33009 CITY-ST-ZIP TREA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HERMAN, SHIRLEY Y NAME STREET ADDRESS 2600 N. FLAGLER DR. #207 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SLUTIAK, DONNA M NAME NAME STREET ADDRESS 6175 S HWY314 A STREET ADDRESS OCKLAWAHA, FL 32179 CITY-ST-ZIP CITY-ST-ZIP TITLE SECT ☐ Delete TITLE ☐ Change ☐ Addition BLANCHARD, JANE NAME STREET ADDRESS 2940 YORKSTOWN ST STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34231 CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition COHEN, JENNIFER NAME NAME STREET ADDRESS 2271 LERYL AVE. STREET ADDRESS CITY-ST-ZIP NORTH PORT ESTATE, FL 34286 CITY-ST-ZIP TITLE Delete TITLE Channe ■ Addition NAME MCCAFFREY, JESSICA 5633 DUKE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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.

TURE AND TYPED OR PRINTED NAME OF SISNING OFFICER OR DIRECTOR

FILED

561-802-3722

ALIACHMENI

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 experience may have be use a copy of this extent to settion a growing may have be use a copy of this extent to settion and the programments.

Open to Public

Department of the Treasury Internet Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.									nspection				
A For the 2006 calend			ar year	, or tax yea	r beginning	1//		, 2006, and end	ing / p	1/3/		, 2006	
В	Check if a	eck if applicable: Please C Name of organization use IRS C Name of A NOW F LIGHT SW FIND TO SE										tification number	
	Address o									86:	105	5368	
		me change label or rint or Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele											
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爿	Final retu		Specific	City or to		country, and ZII				F Group E			
H	Amended Application		Instruc- tions.		les P	PALM	Beach	FL 3340	27 I'	Number		.it0ii ▶	
	Application pending tions. We') PAPIM PEAF L Number . • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method: Cash Accrual												
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	1	, Leads, Cost of goods sold											
	8	c Gross profit or (loss) from sales of inventory (line 7a less line 7b)									8		
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SE .	13					•	dent contractor				13		
Expenses	14										14		
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	16			describe I)	16		
	17	Total expe	enses	(add lines	10 through	16)				. ▶	17		
Net Assets	18									L	18		
	19			_						633			
	}		ts or fund balances at beginning of year (from line 27, column (A)) (must agree with ear figure reported on prior year's return).								19		
	20										20		
Z	21 Net assets or fund balances at end of year (combine lines 18 through 20)									. ▶	21		
Р	art II											Form 990-EZ.	
			(5	See page 5	1 of the ins	structions.)			(A) Begin	nning of yea	···	(B) End of year	
2:	2 Cas	Cash, savings, and investments									22	<u> </u>	
23		Land and buildings								23			
24											24		
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27	7 Net	assets or f	und ba	alances (lir	ne 27 of co	iumn (B) mi	ust agree with I	line 21)	i		27		

ATTACHMENT 40085160 #N0200006074

Telephone no. ► (FUIII	990-62	(2000)	raye				
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4955 by the section 4976 are section 4976 and (4) organizations. Did the organization engage in any section 4955 by 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? 41 List the states with which a copy of this return is filed. 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: 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: 42b 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 type, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparers has any knowledge. Please Signal Preparer's Signal of officer Type or print name and idle. Preparer's Signal of officer Fresparer's Signa	Par	t V	Other Information (Note the statement requirement in General Instruction V.) (Continued)					
year or did it become aware of an excess benefit transaction from a prior year? if "Yes." attach an explanation the year under sections 4912, 4955, and 4958. d 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 a party to a prohibited tax shelter transaction? 41 List the states with which a copy of this return is filed. ▶ Located at ▶ Located at ▶ Located at ▼ 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; a 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: ▶ 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: ▶ 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 deciare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge had belief, it is type-coprect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare has any knowledge signature Preparer's Signature of officer Type or print name and table. Preparer's Signature Preparer's Signature Firm's name (or yours) I riself-employed. Firm's name (or yours) I riself-employed. Firm's name (or yours) I riself-employed.	40a							
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