
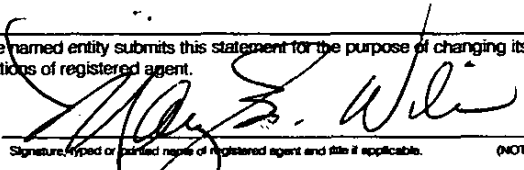
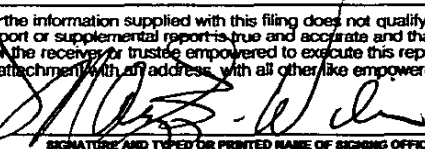


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90044 027 \*\*\*\*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 19939 WARD RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State ORLANDO, FL	
Zip	Country	Zip	Country
32824	USA	32824	USA
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERMAN, SHIRLEY Y 2600 N. FLAGLER DR. 207 WEST PALM BEACH, FL 33407		Name MARY E WILSON Street Address (P.O. Box Number is Not Acceptable) 14939 WARD RD City ORLANDO FL Zip Code 32824	
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 4/1/08	
Filing Fee is \$61.25 Due by May 1, 2008		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PRES <input checked="" type="checkbox"/> Delete	TITLE	CONNIE AMIDEI <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLLOCK, CLARICE	NAME	4133 NW 46TH DR
STREET ADDRESS	1965 S. OCEAN DR., APT S-17	STREET ADDRESS	GAINESVILLE, FL 32606-4516
CITY-ST-ZIP	HALLANDALE, FL 33009	CITY-ST-ZIP	
TITLE	TREA <input checked="" type="checkbox"/> Delete	TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, SHIRLEY Y	NAME	MARY E WILSON
STREET ADDRESS	2600 N. FLAGLER DR. #207	STREET ADDRESS	14939 WARD RD
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP	ORLANDO FL 32824 8974
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLUTIAK, DONNA M	NAME	SAME
STREET ADDRESS	6175 S HWY314 A	STREET ADDRESS	
CITY-ST-ZIP	OCKLAWAHA, FL 32179	CITY-ST-ZIP	
TITLE	SECT <input type="checkbox"/> Delete	TITLE	SECT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHARD, JANE	NAME	SAME
STREET ADDRESS	2940 YORKSTOWN ST	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34231	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	MCCAFFREY, JESSICA	NAME	
STREET ADDRESS	5633 DUKE RD.	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: 		DATE 4/1/08 Daytime Phone # 407 957 2180	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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03262008 Chg-NP CR2E037 (12/06)

4. FEI Number APPLIED FOR: 86-1655368 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required