

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90561 022 \*\*\*\*61.25

**DOCUMENT # N36808**

1. Entity Name

**ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.**



Principal Place of Business

**2909 DELAWARE AVENUE  
FT. PIERCE FL 34947**

Mailing Address

**2909 DELAWARE AVENUE  
FT. PIERCE FL 34947**

**40006379**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0209044**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SJOGREN, MICHELLE  
2909 DELAWARE AVE.  
FT. PIERCE FL 34947**

7. Name and Address of New Registered Agent

Name

**Beth Hoskins**

Street Address (P.O. Box Number is Not Acceptable)

**2909 Delaware Ave.**

City

**Ft. Pierce, FL 34947**

**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

*Beth P. Hoskins*

*Beth P. Hoskins*

*1-9-03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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** ☐ Delete  
NAME **HOSKINS, BETH**  
STREET ADDRESS **2931 W. INDIAN RIVER DRIVE**  
CITY-ST-ZIP **FORT PIERCE FL 34946**

TITLE **VPD** ☐ Delete  
NAME **KLEIN, ROBERT**  
STREET ADDRESS **1903 S. 25TH STREET**  
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE **TD** ☐ Delete  
NAME **FOGAL, CHRIS**  
STREET ADDRESS **603 N. INDIAN RIVER DR., #300**  
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **D** ☐ Delete  
NAME **DAVIS-MAMMARELL, MARY JANE**  
STREET ADDRESS **502 NW SAGANON TERRACE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34983**

TITLE **ED** ☐ Delete  
NAME **SJOGREN, MICHELLE**  
STREET ADDRESS **2909 DELAWARE AVENUE**  
CITY-ST-ZIP **FT. PIERCE FL 34947**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☐ Addition  
NAME **Klein, Robert**  
STREET ADDRESS **1903 South 25th Street**  
CITY-ST-ZIP **Ft. Pierce, FL 34947**

TITLE **VPD** ☐ Change ☐ Addition  
NAME **Bridget Abernethy**  
STREET ADDRESS **2400 S. Ocean Dr. #CC1113**  
CITY-ST-ZIP **Ft. Pierce, FL 34949**

TITLE **TD** ☐ Change ☐ Addition  
NAME **Chris Fogal**  
STREET ADDRESS **603 N. Indian River Dr.**  
CITY-ST-ZIP **Ft. Pierce, FL 34950**

TITLE **D** ☐ Change ☐ Addition  
NAME **Beth Hoskins**  
STREET ADDRESS **2909 Delaware Ave**  
CITY-ST-ZIP **Ft. Pierce, FL 34947**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

*1-9-03*

CR2E037 (10/02)