

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001339

FILED
Apr 29, 2005
Secretary of State

Entity Name: PARTNERSHIP FOR BETTER SCHOOL FUNDING, INC.

Current Principal Place of Business:

908 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 460058
FORT LAUDERDALE, FL 33346

New Mailing Address:

FEI Number: 65-0898683 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOGDANOFF, ELLYN SETNOR
908 S.ANDREWS AVENUE
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: PRUITT, KEN
Address: 3012 SW COLLINGS DR
City-St-Zip: PORT ST.LUCIE, FL 34953

Title: S () Delete
Name: BOGDANOFF, ELLYN SELMOR
Address: 908 S ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D () Delete
Name: TATE, STANLEY
Address: 1175 NE 125 ST #102
City-St-Zip: NO. MIAMI, FL 33161

Title: D () Delete
Name: SPECHLER, JULIE
Address: 9100 S.DADELAND BLVD ,SUITE 1410
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: ROSS, SCOTT
Address: 311 B PAUL RUSSELL RD.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: BOGDANOFF, ELLYN SETMOR
Address: 908 S ANDREWS AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELLYN SETNOR BOGDANOFF

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date