2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90014 020 ****61.25

DOCUMENT # N36808

1. Entity Name
ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
2909 DELAWARE AVENUE FT. PIERCE, FL 34947	2909 DELAWARE AVENUE FT. PIERCE, FL 34947

01222004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
4204 OKeechobee Rd.	4204 OKeechobee Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Pierce, FL	City & State: Ft. Pierce, FL
Zip: 34947 Country: USA	Zip: 34947 Country: USA

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	7. Name and Address of New Registered Agent
HOSKINS, BETH 2909 DELAWARE AVE. FORT PIERCE, FL 34947	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: Beth P. Hoskins Director 1-22-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSKINS, BETH 2931 W. INDIAN RIVER DRIVE FORT PIERCE, FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED Beth Hoskins 4204 OKeechobee Road Ft. Pierce, FL 34947	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KLEIN, ROBERT 1903 S. 25TH STREET FORT PIERCE, FL 34947	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Klein, Robert 1903 S. 25th Street Ft. Pierce, FL 34947	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FOGAL, CHRIS 603 N. INDIAN RIVER DR., #300 FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Fogal, Chris 603 N. Indian River Drive, # 300 Ft. Pierce, FL 34950	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAVIS-MAMMARELL, MARY JANE 502 NW SAGANON TERRACE PORT SAINT LUCIE, FL 34983	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Alley Pat 2211 OKeechobee Road Ft. Pierce, FL 34950	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ED SJOGREN, MICHELLE 2909 DELAWARE AVENUE FT. PIERCE, FL 34947	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD ABERNATHY, BRIDGET 2400 S. OCEAN DR. #CC1113 FORT PIERCE, FL 34949	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Abernethy, Bridget 2400 S. Ocean Drive, # CC1113 Ft. Pierce FL 34949	☑ Change ☐ Addition

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] 1-22-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #