

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90013 031 ****61.25

DOCUMENT # N36808 1. Entity Name ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.					
Principal Place of Business 4204 OKEECHOBEE RD. FT. PIERCE, FL 34947				Mailing Address 2809 DELAWARE AVENUE 4204 Okeechobee Rd. FT. PIERCE, FL 34947	
2. Principal Place of Business 4204 Okeechobee Rd.		3. Mailing Address 4204 Okeechobee Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Pierce, FL		City & State Fort Pierce, FL			
Zip 34947		Country USA		4. FEI Number 65-0209044	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01112005 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent HOSKINS, BETH 2909 DELAWARE AVE. FORT PIERCE, FL 34947				7. Name and Address of New Registered Agent Name Kim Phillips Street Address (P.O. Box Number is Not Acceptable) 4204 Okeechobee Road City Fort Pierce FL Zip Code 34947	
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: <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	D HOSKINS, BETH 4204 OKEECHOBEE ROAD FORT PIERCE, FL 34947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Phillips, Kim 4294 Okeechobee Road Fort Pierce, FL 34947	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, ROBERT 1903 S. 25TH STREET FORT PIERCE, FL 34947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Alley, Pat 2211 Okeechobee Road Fort Pierce, FL 34950	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FOGAL, CHRIS 603 N. INDIAN RIVER DR., #300 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change King, Ginger 1800 SE Tiffany Ave. Port St. Lucie, FL 34952	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ALLEY, PAT 2211 OKEECHOBEE ROAD FORT PIERCE, FL 34950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change DeIulio, Dan 5528 S. US Highway 11 Fort Pierce, FL 34950	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ABERNATHY, BRIDGET 2400 S. OCEAN DR. #CC1113 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Hoskins, Beth 2931 N. Indian River Drive Fort Pierce, FL 34946	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3-22-05 772 468-1179 <small>Date Daytime Phone #</small>		