

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N02548

1. Entity Name  
THE EDUCATION FOUNDATION OF PALM BEACH  
COUNTY, INC.



Principal Place of Business	Mailing Address
3300 FOREST HILL BLVD SUITE B102 WEST PALM BEACH, FL 33406 US	3300 FOREST HILL BLVD SUITE B102 WEST PALM BEACH, FL 33406 US



04082005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2420369	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MURRAY, MARY KAY  
3300 FOREST HILL BLVD  
SUITE B102  
WEST PALM BEACH, FL 33407

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IN THIS SPACE**

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: *Mary Kay Murray* April 8, 2005  
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, 2005

9. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees

U00000330946  
04/25/05-80177-022 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	CD FRIEDLY, PHILIP 222 LAKEVIEW AVENUE, STE# 310 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY ST ZIP	TD WEEDE, JR., HARRY 450 SO. AUSTRALIAN AVE, NINTH FLOOR WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY ST ZIP	D MACON, ROD 700 UNIVERSE BLVD. JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY ST ZIP	PCD DIAZ, DEBORAH 122 NO. COUNTY RD. PALM BEACH, FL 33480
TITLE NAME STREET ADDRESS CITY ST ZIP	SD SMITH, III, D. CULVER 515 NO. FLAGLER DRIVE STE# 401 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY ST ZIP	VCD MARIACA, SERGIO 2240 W. WOOLBRIGHT ROAD, STE# 317 BOYNTON BEACH, FL 33426

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IN THIS SPACE**

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 an other like empowered

SIGNATURE:

*Philip Friedly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/05 561 514-0137  
Date Daytime Phone #