

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90296 018 \*\*\*\*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  
4204 OKEECHOBEE RD.  
FT. PIERCE, FL 34947

**60026059**



03072006 Chg-NP CR2E037 (11/05)

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**

PHILLIPS, KIM  
4204 OKEECHOBEE ROAD  
FORT PIERCE, FL 34947

Name Mary Holmgren

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 *Mary Holmgren* Mary Holmgren, Director of Development, St. Lucie Education Foundation 3-30-06  
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, 2006

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 D  
NAME PHILLPS, KIM ☒ Delete  
STREET ADDRESS 4294 OKEECHOBEE ROAD  
CITY-ST-ZIP FORT PIERCE, FL 34947

TITLE VD ☐ Change ☒ Addition  
NAME David Skiles  
STREET ADDRESS 4204 Okeechobee Road  
CITY-ST-ZIP Ft. Pierce, FL 34947

TITLE PD ☐ Delete  
NAME ALLEY, PAT  
STREET ADDRESS 2211 OKEECHOBEE ROAD  
CITY-ST-ZIP FORT PIERCE, FL 34950

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

TITLE VD ☒ Delete  
NAME KING, GINGER  
STREET ADDRESS 1800 SE TIFFANY AVE  
CITY-ST-ZIP PORT SAINT LUCIE, FL 34952

TITLE PD ☐ Change ☒ Addition  
NAME Vicki Spencer  
STREET ADDRESS 4204 Okeechobee Road  
CITY-ST-ZIP Ft. Pierce, FL 34947

TITLE TD ☐ Delete  
NAME DEIULIO, DAN  
STREET ADDRESS 528 S US HWY 1  
CITY-ST-ZIP FORT PIERCE, FL 34950

TITLE D ☐ Change ☒ Addition  
NAME Mary Holmgren  
STREET ADDRESS 4204 Okeechobee Road  
CITY-ST-ZIP Ft. Pierce, FL 34947

TITLE D ☐ Delete  
NAME HOSKINS, BETH  
STREET ADDRESS 2931 N INDIAN RIVER DRIVE  
CITY-ST-ZIP FORT PIERCE, FL 34946

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

TITLE ☐ Delete  
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 exemptions contained in Chapter 119, 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: *Mary C. Holmgren*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 772-429-5507  
Date Daytime Phone #