


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90055 030 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
			01072008 Chg-NP CR2E037 (12/06)		
			4. FEI Number 65-0209044		Applied For <input type="checkbox"/> Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HOLMGREN, MARY, 4204 OKEECHOBEE RD FORT PIERCE, FL 34947				7. Name and Address of New Registered Agent 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 <u>Mary Holmgren</u> (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008			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	VD SKILES, DAVID 4204 OKEECHOBEE RD FORT PIERCE, FL 34947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SPENCER, VICKI 4204 OKEECHOBEE RD FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOLMGREN, MARY 4204 OKEECHOBEE RD FORT PIERCE, FL 34947	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOSKINS, BETH 2931 N INDIAN RIVER DRIVE FORT PIERCE, FL 34946	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <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
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 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: <u>Mary Holmgren</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date _____ Daytime Phone # _____	

40006945



ATTACHMENT
40006945

N36808

**St. Lucie County Education Foundation
2007 – 2008 Board Members**

Rene' Arteaga *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Bernadette Floyd *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Antonia Gentry *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Lisa Hamilton *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Beth Hoskins *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Rudy Howard, *P/D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Larry Pelton *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Anna LaDean Phillips *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Aileen Pruitt *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

David Skiles *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Pamela Houghten *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Executive Director
4204 Okeechobee Road
Ft. Pierce, FL 34947

Skeet Jernigan *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Michael Lannon *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Elizabeth Heard Mallonee, *V/D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Catherine McKenzie *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Dr. Judi Miller *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Cooie Newman, *T/D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Vanessa Tillman *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Beth Williams *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Sue Ellen Sanders *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

Gary Roberts *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947

John Williams *D*
4204 Okeechobee Road
Ft. Pierce, FL 34947