

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 760752

**Entity Name:** JOHN CARROLL EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

311 SOUTH SECOND STREET  
FT. PIERCE, FL 34954

**Current Mailing Address:**

311 SOUTH SECOND STREET  
FT. PIERCE, FL 34954

**FEI Number: 59-2145702**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GRIFFIN, CHESTER B  
311 SOUTH SECOND ST  
FT PIERCE, FL 34954 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DP  
Name DRISCOLL, MICHAEL J  
Address 1920 WREN AVE  
City-State-Zip: FORT PIERCE FL 34982

Title DS  
Name NELSON, GREG  
Address 1900 OLD DIXIE HWY.  
City-State-Zip: FORT PIERCE FL 34946

Title DV  
Name RICE, JAMES  
Address 2521 NORTH INDIAN RIVER DR  
City-State-Zip: FORT PIERCE FL 34946

Title DT  
Name CAVALCANTI, GLYNDA  
Address 315 AVE A  
City-State-Zip: FORT PIERCE FL 34950

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GLYNDA W CAVALCANTI**

**TREASURER**

**01/07/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date