

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02548

Entity Name: THE EDUCATION FOUNDATION OF PALM BEACH COUNTY, INC.**FILED**
Apr 21, 2022
Secretary of State
3396279997CC**Current Principal Place of Business:**505 SOUTH CONGRESS AVENUE
BOYNTON BEACH, FL 33426**Current Mailing Address:**505 SOUTH CONGRESS AVENUE
BOYNTON BEACH, FL 33426 US**FEI Number: 59-2420369****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GAVRILOS, JAMES
505 SOUTH CONGRESS AVENUE
BOYNTON BEACH, FL 33426 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: CHRISTINA LAMBERT****04/21/2022**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** CHAIR, HR/COMPENSATION
COMMITTEE**Name** MOORE, JIM**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426**Title** CHAIR, PROGRAMS AND GRANTS
COMMITTEE**Name** PARK, LISA**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426**Title** CHAIRMAN, BOARD OF DIRECTORS**Name** MOORE, JIM**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426**Title** SECRETARY, BOARD OF DIRECTORS**Name** LEA, KIMBERLY**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426**Title** PRESIDENT & CEO OF THE
EDUCATION FOUNDATION OF PALM
BEACH COUNTY**Name** GAVRILOS, JAMES**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426**Title** TREASURER, BOARD OF DIRECTORS
& CHAIR, FINANCE COMMITTEE**Name** CASS, MARTY**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426**Title** CHAIR, DEVELOPMENT COMMITTEE**Name** KING, LISA**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426**Title** SCHOOL DISTRICT
REPRESENTATIVE, BOARD OF
DIRECTORS**Name** EVANS, LEANNE**Address** 505 SOUTH CONGRESS AVENUE**City-State-Zip:** BOYNTON BEACH FL 33426

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: JAMES GAVRILOS**ACCOUNTANT****04/21/2022**

Electronic Signature of Signing Officer/Director Detail

Date