TURE: KARYN KEIL	

Current Principal Place of Business:

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

Entity Name: THE EDUCATION FOUNDATION OF PALM BEACH COUNTY,

505 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426

DOCUMENT# N02548

REPORT

INC.

Current Mailing Address:

505 SOUTH CONGRESS AVENUE BOYNTON BEACH, FL 33426 US

FEI Number: 59-2420369

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

Electronic Signature of Registered Agent

Officer/Director Detail :

Unicen/Direc	JUI Delali .		
Title	CHAIR, HR/COMPENSATION COMMITTEE	Title	CHAIR, PROGRAMS AND GRANTS COMMITTEE
Name	MOORE, JIM	Name	PARK, LISA
Address	505 SOUTH CONGRESS AVENUE	Address	505 SOUTH CONGRESS AVENUE
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426
Title	CHAIRMAN, BOARD OF DIRECTORS	Title	SECRETARY, BOARD OF DIRECTORS
Name	TAGLE, JUAN	Name	TRIM, MEREDITH
Address	505 SOUTH CONGRESS AVENUE	Address	505 SOUTH CONGRESS AVENUE
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426
Title	PRESIDENT & CEO OF THE EDUCATION FOUNDATION OF PALM	Title	TREASURER, BOARD OF DIRECTORS & CHAIR, FINANCE COMMITTEE
	BEACH COUNTY	Name	BLEISCH, DAVID
Name	GAVRILOS, JAMES	Address	505 SOUTH CONGRESS AVENUE
Address	505 SOUTH CONGRESS AVENUE	City-State-Zip:	BOYNTON BEACH FL 33426
City-State-Zip:	BOYNTON BEACH FL 33426	Title	DIRECTOR OF PROGRAMS AND
Title	CHAIR, DEVELOPMENT COMMITTEE	The	GRANTS
Name	CASS, MARTY	Name	ETHRIDGE, JENNIFER
Address	505 SOUTH CONGRESS AVENUE	Address	505 SOUTH CONGRESS AVENUE
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426

Continues on page 2

OFFICE MANAGER

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.

SIGNA

Electronic Signature of Signing Officer/Director Detail

09/23/2019

Date

FILED Sep 23, 2019 Secretary of State 6810189024CC

09/23/2019 Date

Certificate of Status Desired: No

Officer/Director Detail Continued :

Title	OFFICE MANAGER & SOCIAL MEDIA COORDINATOR	Title Name	DEVELOPMENT MANAGER BLOMEKE, CATHERINE
Name	KEIL, KARYN		
Address	505 SOUTH CONGRESS AVENUE	Address	505 SOUTH CONGRESS AVENUE
City-State-Zip:	BOYNTON BEACH FL 33426	City-State-Zip:	BOYNTON BEACH FL 33426
		Title	ACCOUNTANT
Title	CHIEF ENGAGEMENT OFFICER	Name	PETERSON, TONY
Name	DABROWKSI, TERESA	Address	505 SOUTH CONGRESS AVENUE
Address	505 SOUTH CONGRESS AVENUE	City-State-Zip:	BOYNTON BEACH FL 33426
City-State-Zip:	BOYNTON BEACH FL 33426	, ,	
Title	RED APPLE SUPPLIES STORE MANAGER	Title	SCHOOL DISTRICT REPRESENTATIVE, BOARD OF DIRECTORS
Name	EVANS, LLOYD	Name	EVANS, LEANNE
Address	Addres	Address	505 SOUTH CONGRESS AVENUE
City-State-Zip:		City-State-Zip:	BOYNTON BEACH FL 33426