

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000009726

**Entity Name:** EDUCATION FOR ETERNITY FOUNDATION INC**Current Principal Place of Business:**2110 SW 67TH WAY  
MIRAMAR, FL 33023**Current Mailing Address:**PO BOX 840422  
PEMBROKE PINES, FL 33084-0422 US**FEI Number:** 47-2178066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROMFIELD, STEVE D  
2110 SW 67TH WAY  
MIRAMAR, FL 33023 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	P
Name	BROMFIELD, STEVE D
Address	2110 SW 67TH WAY
City-State-Zip:	MIRAMAR FL 33023

Title	SECRETARY
Name	BROMFIELD, KAREN
Address	2110 SW 67TH WAY
City-State-Zip:	MIRAMAR FL 33023

Title	VP
Name	PUIG, HECTOR
Address	358 E RIVERBEND DR
City-State-Zip:	SUNRISE FL 33326-2227

Title	DIRECTOR
Name	ANDERSON, PAUL
Address	1430 AVON LANE APT 27
City-State-Zip:	NORTH LAUDERDALE FL 33068

Title	VP
Name	JAMES, JASMINE
Address	6740 ARBOR DRIVE # 101
City-State-Zip:	MIRAMAR FL 33023

Title	TREASURER
Name	TAVAREZ, LA VERNE
Address	12991 SW 133RD STREET
City-State-Zip:	MIAMI FL 33186

*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:** STEVE D BROMFIELD**PRESIDENT****02/12/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date