


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 703014		
1. Entity Name PRINCETON UNIVERSITY EDUCATIONAL FOUNDATION, INC		
Principal Place of Business 2934 WEST BAY DRIVE P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770 US		Mailing Address 2934 WEST BAY DRIVE P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770 US
DO NOT WRITE IN THIS SPACE		
02012005 No Chg-NP CR2E037 (10/03)		
4. FEI Number 59-6162040		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ROBERTS, OWEN J 2934 W. BAY DRIVE, P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	MILHAN, RANDALL J	
STREET ADDRESS	2934 W BAY DR	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL	
TITLE	D	
NAME	ROBERTS, OWEN J	
STREET ADDRESS	2934 W BAY DR	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL	
TITLE	SD	
NAME	MCCLINTOCK, JOSEPHINE	
STREET ADDRESS	2934 W BAY DR	
CITY-ST-ZIP	BELLEAIR BLUFFS, FL	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Josephine P. McClintock</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>6 June 2005</i> 727/581-8702 <small>Date Daytime Phone #</small>

Josephine P. McClintock, Secretary