

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 26, 2006 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



01132006 No Chg-NP

CR2E037 (11/05)

4. FEI Number

59-6162040

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
MILHAN, RANDALL J
2934 W BAY DR
BELLEAIR BLUFFS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
ROBERTS, OWEN J
2934 W BAY DR
BELLEAIR BLUFFS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SD
MCCLINTOCK, JOSEPHINE
2934 W BAY DR
BELLEAIR BLUFFS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000534829
05/08/06-80028-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Josephine P. McClintock
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4 June 2006

727/581-8702

Date

Daytime Phone #

Josephine P. McClintock, Secretary