

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90071 023 ****61.25

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



01242007 No Chg-NP

CR2E037 (4/06)

4. FEI Number
59-6162040

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

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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

4-2-07
Date

727-581-8702
Daytime Phone #

Josephine P. McClintock, Secretary