


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 703014</b>	
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



01242008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-6162040	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  ROBERTS, OWEN J 2934 W. BAY DRIVE, P.O. BOX 1168 BELLEAIR BLUFFS, FL 33770	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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
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05/14/08-80044-008 61.25

**DO NOT WRITE  
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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 **4-1-08** **727-581-8702**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Josephine P. McClintock, Secretary