

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718289

FILED
Aug 03, 2004
Secretary of State**Entity Name:** THE LEAR EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**6021 HOLLOWS LANE
DELRAY BEACH, FL 33484**New Principal Place of Business:****Current Mailing Address:**6021 HOLLOWS LANE
DELRAY BEACH, FL 33484**New Mailing Address:****FEI Number:** 23-7105959**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SEINFELD, BARRY M
6021 HOLLOWS LANE
DELRAY BEACH, FL 33484**Name and Address of New Registered Agent:**

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FREEMAN, FRANK,
Address: 3550 BISCAYNE BOULEVARD-401
City-St-Zip: MIAMI, FL 33137

Title: PD () Delete
Name: SEINFELD, BARRY M
Address: 6021 HOLLOWS LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D (X) Delete
Name: SEINFELD, MARCIA
Address: 6021 HOLLOWS LANE
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FREEMAN, FRANK
Address: 3550 BISCAYNE BOULEVARD-401
City-St-Zip: MIAMI, FL 33137

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BARRY M. SEINFELD

PD

08/03/2004

Electronic Signature of Signing Officer or Director

Date