

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

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # 760752

1. Entity Name
JOHN CARROLL EDUCATIONAL FOUNDATION, INC.



Principal Place of Business
**311 SOUTH SECOND STREET
P. O. BOX 1270
FT. PIERCE, FL 34954**

Mailing Address
**311 SOUTH SECOND STREET
P. O. BOX 1270
FT. PIERCE, FL 34954**



02012005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2145702	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

**GRIFFIN, CHESTER B
311 SOUTH SECOND ST
FT PIERCE, FL 34954**

**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, 2005**

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	PD GRIFFIN, CHESTER B 311 S 2ND STREET FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD DRISCOLL, MICHAEL J 1920 WREN AVE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DRISCOLL, PAUL 2906 GROVE DRIVE FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNGEY, RICHARD 1100 S FEDERAL HIGHWAY STUART, FL 34994
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STEMLE, DUANE 49 N SEWALLS POINT ROAD SEWALLS POINT, FL 34996
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ELAM, JIM 111 ORANGE AVENUE, SUITE 300 FT PIERCE, FL 34950

UN00000219239
02/08/05-80020-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/2005 222-461-6040

Date

Daytime Phone #