


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 760752</b>	
<b>1. Entity Name</b> JOHN CARROLL EDUCATIONAL FOUNDATION, INC.	

<b>Principal Place of Business</b> 311 SOUTH SECOND STREET P. O. BOX 1270 FT. PIERCE, FL 34954	<b>Mailing Address</b> 311 SOUTH SECOND STREET P. O. BOX 1270 FT. PIERCE, FL 34954
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03082007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-2145702	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  GRIFFIN, CHESTER B 311 SOUTH SECOND ST FT PIERCE, FL 34954
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**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, 2007**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

100000669867  
03/27/07-80089-008 61.25

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	PD GRIFFIN, CHESTER B 311 S 2ND STREET FORT PIERCE, FL 34950
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	STD DRISCOLL, MICHAEL J 1920 WREN AVE FORT PIERCE, FL 34982
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D DRISCOLL, PAUL 2906 GROVE DRIVE FORT PIERCE, FL 34981
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D DUNGEY, RICHARD 1100 S FEDERAL HIGHWAY STUART, FL 34994
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	DV RICE, JAMES 2521 NORTH INDIAN RIVER DR FORT PIERCE, FL 34946
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D ELAM, JIM 111 ORANGE AVENUE, SUITE 300 FT PIERCE, FL 34950

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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:** Michael J. Driscoll  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/2007 772-461-1421  
Date Daytime Phone #