

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90010 037 ****61.25

DOCUMENT # N00000003913

1. Entity Name
**GIBBONS-FIELDEN EDUCATIONAL
TRUST/FOUNDATION, INC.**



Principal Place of Business

**3313 BENT PINE DR
FT PIERCE, FL 34951**

Mailing Address

**3313 BENT PINE DR
FT PIERCE, FL 34951**

DO NOT WRITE IN THIS SPACE

03102004 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-1037870

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FIELDEN, JEAN
3313 BENT PINE DR
FORT PIERCE, FL 34951**

**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: *Jean D. Fielden*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04-14-04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME DULEK, RONALD E
STREET ADDRESS 805 LAKESIDE PLACE 10315 House Bend Rd
CITY-ST-ZIP NORTHPOINT, AL 36473 35475

TITLE D
NAME BULLOCK, SUSAN D
STREET ADDRESS 2320 MAGNOLIA AVE
CITY-ST-ZIP PENSACOLA, FL 32503

TITLE D
NAME FIELDEN, JEAN
STREET ADDRESS 3313 BENT PINE DR
CITY-ST-ZIP FT PIERCE, FL 34951

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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)(i), 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:

Jean D. Fielden Jean D. Fielden 04-14-04 772-464-9469

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #