

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90390 040 ****61.25

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1. Entity Name

**PALMER KING BOARD OF DIRECTORS EDUCATION
FOUNDATION, INC.**

Principal Place of Business

**727 SE 11TH ST.
GAINESVILLE FL 32641-7121**

Mailing Address

**727 SE 11TH ST.
GAINESVILLE FL 32641-7121**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3639774

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fees Required**

6. Name and Address of Current Registered Agent

**ALEXANDER, GLADYS D
727 SE 11TH ST.
GAINESVILLE FL 32641-7121**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME ☐ Delete
D ALEXANDER, GLADYS D
STREET ADDRESS **727 SE 11TH ST.**
CITY-ST-ZIP **GAINESVILLE FL 32641-7121**

TITLE NAME ☐ Delete
D ALLEN, MARIE
STREET ADDRESS **805 NE 24TH TERR.**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE NAME ☐ Delete
D HARPER, JULIA M
STREET ADDRESS **1205 SE 11TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE NAME ☐ Delete
D ROBERSON, CORA P
STREET ADDRESS **1631 SE 41ST AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE NAME ☐ Delete
D BRADWELL, VERNELL
STREET ADDRESS **4728 SE 19TH AVE.**
CITY-ST-ZIP **GAINESVILLE FL 32641**

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-28, 2004