

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90107 026 ****61.25

DOCUMENT # N00000005118

1. Entity Name

EDUCATION FIRST FOUNDATION, INC.



Principal Place of Business

**18440 US HWY. 441
MT. DORA FL 32757**

Mailing Address

**187 CROSSWAYS DR
LEESBURG FL 34788**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3663312

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WERNER, ROLAND
187 CROSSWAYS DR
LEESBURG FL 34788**

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, 2005**

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	P	<input type="checkbox"/> Delete
NAME	WERNER, ROLAND E	
STREET ADDRESS	187 CROSSWAYS DR. M.F.L.	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	VP	<input type="checkbox"/> Delete
NAME	JORAH, KEVIN	
STREET ADDRESS	335 YOUTH CAMP RD	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVANGELISTA, CAESAR	
STREET ADDRESS	2020 EDGEWATER DRIVE	
CITY-ST-ZIP	MOUNT DORA FL 32757	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHANG, EILEEN	
STREET ADDRESS	15305 WILLOW LANE	
CITY-ST-ZIP	TAVERES FL 32778	
TITLE	D	<input type="checkbox"/> Delete
NAME	BLAKE, PERTH A	
STREET ADDRESS	2980 W BRAUMONT LANE	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, VICKI	
STREET ADDRESS	2241 FLORENCE RD.	
CITY-ST-ZIP	MOUNT DORA FL 32757	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Coe	
STREET ADDRESS	1812 Pine Hollow Dr.	
CITY-ST-ZIP	MT Dora, FL. 32757	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jonathan Behr	
STREET ADDRESS	1190 Old Mt Dora Rd.	
CITY-ST-ZIP	Eustis FL. 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: *Roland Turner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr. 11, 2005 (352)357-6676

Date

Daytime Phone #