

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2004 8:00 am
Secretary of State

01-29-2004 90015 048 ****61.25

DOCUMENT # N00000005959

1. Entity Name
THE EDC FOUNDATION FOR EDUCATION, INC.



Principal Place of Business
**301 EAST PINE STREET
SUITE 900
ORLANDO, FL 32801-2705**

Mailing Address
**301 EAST PINE STREET
SUITE 900
ORLANDO, FL 32801-2705**

44005303



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3679008

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BOBROFF, MICHAEL L
301 EAST PINE STREET
SUITE 900
ORLANDO, FL 32801-2705**

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

**Filing 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HUNT, THOMAS**
STREET ADDRESS **301 EAST PINE STREET, SUITE 900**
CITY-ST-ZIP **ORLANDO, FL 328012705**

TITLE **Same** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☒ Delete
NAME **RIGSBY, JOHN**
STREET ADDRESS **301 EAST PINE STREET, SUITE 900**
CITY-ST-ZIP **ORLANDO, FL 328012705**

TITLE **C** ☒ Change ☐ Addition
NAME **Rigsby, John**
STREET ADDRESS **301 East Pine Street, Suite 900**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **D** ☒ Delete
NAME **WALLACE, DERRICK**
STREET ADDRESS **301 EAST PINE STREET SUITE 900**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **D** ☒ Change ☐ Addition
NAME **Fulton, Richard**
STREET ADDRESS **301 East Pine Street, Suite 900**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE **ST** ☒ Delete
NAME **FULTON, RICHARD T**
STREET ADDRESS **301 EATS PINE STREET SUITE 900**
CITY-ST-ZIP **ORLANDO, FL 32801**

TITLE **S/T/D** ☒ Change ☐ Addition
NAME **Hillenmeyer, John**
STREET ADDRESS **301 East Pine Street, Suite 900**
CITY-ST-ZIP **Orlando, FL 32801**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael L Bobroff
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Michael L Bobroff

1-22-04
Date

4074227159
Daytime Phone #