


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N00000007277**  
 1. Entity Name  
**BURTON-VOCELLE EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business 1849 25TH STEET VERO BEACH, FL 32960	Mailing Address 1849 25TH STEET VERO BEACH, FL 32960
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**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0466776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BURTON, JANE P  
 1849 25TH STEET  
 VERO BEACH, FL 32960

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	000000780415 05/25/07-80010-019 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, JANE P 1849 25TH STEET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOCELLE, LOUIS B JR 3333 20TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, THOMAS W 1849 25TH STREET VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 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:**  **Jane P. Burton agent** 4/29/2007 772/569-2284  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Base Daytime Phone #