


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90147 007 ****61.25

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

40000000



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0466776	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8:75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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* **04-29-2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #