

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 8:00 am
Secretary of State

06-14-2004 90005 016 ****61.25

DOCUMENT # N00000007800

1. Entity Name
**THE VA EDUCATION FOUNDATION OF THE PALM
BEACHES CORPORATION**



Principal Place of Business
**7305 N. MILITARY TRAIL
W. PALM BCH, FL 33410**

Mailing Address
**7305 N. MILITARY TRAIL
W. PALM BCH, FL 33410**

44046536



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132003

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number

65-1075595

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

**MOODY, AUSTIN
7305 N. MILITARY TRAIL
W. PALM BCH, FL 33410**

Name

NA

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

NA

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 September 8, 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 **D** ☐ Delete
NAME **SEILER, EDWARD**
STREET ADDRESS **7305 N. MILITARY TRAIL**
CITY-ST-ZIP **W. PALM BCH, FL 33410**

TITLE **D** ☐ Delete
NAME **PARRINO, THOMAS A**
STREET ADDRESS **7305 N. MILITARY TRAIL**
CITY-ST-ZIP **W. PALM BCH, FL 33410**

TITLE **D** ☒ Delete
NAME **ISTVAN, KRISKO**
STREET ADDRESS **1515 FLAGER DRIVE STE 800**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

TITLE **D** ☐ Delete
NAME **NOVOTNY, SHANNON C**
STREET ADDRESS **7305 N MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH, FL 33410**

TITLE **D** ☒ Delete
NAME **BOYKIN, ANNE**
STREET ADDRESS **777 GLADES RD**
CITY-ST-ZIP **BOCA RATON, FL 33431**

TITLE **M** ☐ Delete
NAME **RIBNIKAR, JOHN P**
STREET ADDRESS **7305 N MILITARY TRAIL**
CITY-ST-ZIP **WEST PALM BEACH, FL 33401**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **LOU Ann Atkins, D** ☐ Change ☒ Addition
NAME **7305 N. Military Trail**
STREET ADDRESS **West Palm Beach, FL 33410**
CITY-ST-ZIP

TITLE **ISRAEL AVAREZ, D** ☐ Change ☒ Addition
NAME **7305 N. Military Trail**
STREET ADDRESS **West Palm Beach, FL 33410**
CITY-ST-ZIP

TITLE **Susan Aldridge, D** ☐ Change ☒ Addition
NAME **7305 N MILITARY TRAIL**
STREET ADDRESS **WEST PALM BEACH, FL 33410**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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:

John Ribnikar / John Ribnikar 6.05.04 561-422-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #