

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90549 001 ****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**

14015050



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04292005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-1075595

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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 **- 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 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	D	<input type="checkbox"/> Delete
NAME	SEILER, EDWARD	
STREET ADDRESS	7305 N. MILITARY TRAIL	
CITY-ST-ZIP	W. PALM BCH, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	PARRINO, THOMAS A	
STREET ADDRESS	7305 N. MILITARY TRAIL	
CITY-ST-ZIP	W. PALM BCH, FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ATKINS, LOU ANN	
STREET ADDRESS	7305 N. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NOVOTNY, SHANNON C	
STREET ADDRESS	7305 N MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALVAREZ, ISRAEL	
STREET ADDRESS	7302 N. MILITARY TRAIL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33410	
TITLE	M	<input type="checkbox"/> 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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Aldridge	
STREET ADDRESS	7305 N. Military Trail	
CITY-ST-ZIP	West Palm Beach, FL 33410	
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		
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: **John Ribnikar / JOHN RIBNIKAR** 4.26.05 (561) 422-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #