

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 23, 2006 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE			
		03202006 No Chg-NP CR2E037 (11/05)	
		4. FEI Number 65-1075595	Applied For <input checked="" type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOODY, AUSTIN 7305 N. MILITARY TRAIL W. PALM BCH, FL 33410		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 reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEILER, EDWARD 7305 N. MILITARY TRAIL W. PALM BCH, FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARRINO, THOMAS A 7305 N. MILITARY TRAIL W. PALM BCH, FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALRIDGE, SUSAN 7305 N. MILITARY TRAIL WEST PALM BEACH, FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ISRAEL 7302 N. MILITARY TRAIL WEST PALM BEACH, FL 33410		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M RIBNIKAR, JOHN P 7305 N MILITARY TRAIL WEST PALM BEACH, FL 33401		
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: <u>John Ribnikar</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>3/21/2006</u> <u>(561)-422-6767</u> Date Daytime Phone #	