

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
05 MAY 11 PM 5:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # N02000000056 1. Entity Name JOHN G. CARROLL EDUCATION FUND, INC. | | | | | |
| Principal Place of Business 2621 MAYFAIR RD TALLAHASSEE, FL 32303 | | | Mailing Address 2621 MAYFAIR RD TALLAHASSEE, FL 32303 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 30-0008170 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| KEATON, BERNICE C 2621 MAYFAIR RD. TALLAHASSEE, FL 32303 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | |
| D KENON, SHAKELIA M 2074 MIDYETTE RD., #526 TALLAHASSEE, FL 32301 | <input checked="" type="checkbox"/> Delete | | | | |
| D LIGHTFOOT, SAMANTHA 1013 MILDRED ST. BAINBRIDGE, GA | <input type="checkbox"/> Delete | | | | |
| D KEATON, BERNICE C 2621 MAYFAIR RD. TALLAHASSEE, FL 32303 | <input type="checkbox"/> Delete | | | | |
| D HENDERSON, SHAKELIA M 4527 CAMBIUM COURT ORLANDO, FL 32818 | <input type="checkbox"/> Delete | | | | |
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| 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: <u>Bernice Keaton</u> 5/11/05 487-9045 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |