

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

APPROVED
AND
FILED

06 APR 28 PM 1:08

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



03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
30-0008170

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

KEATON, BERNICE C
2621 MAYFAIR RD.
TALLAHASSEE, FL 32303

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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 _____

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, 2006**

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
HENDERSON, SHAKELIA M
4527 CAMBIUM COURT
ORLANDO, FL 32818

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LIGHTFOOT, SAMANTHA
1013 MILDRED ST.
BAINBRIDGE, GA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KEATON, BERNICE C
2621 MAYFAIR RD.
TALLAHASSEE, FL 32303

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

400073987834
05/04/06--01019--015 **\$61.25

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernice C. Keaton

4/28/06

Date

850-487-9045

Daytime Phone #

4/28/06
aw