

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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**

FILED

07 AUG 28 PM 2:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



05072007 No Chg-NP CR2E037 (4/06)

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**

**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 _____

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 14, 2007**

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

**500109138565
09/06/07--01039--008 **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

Date

Daytime Phone #