

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2005 8:00 am**  
**Secretary of State**

02-16-2005 90033 003 \*\*\*\*61.25

**DOCUMENT # N02000005550**

1. Entity Name  
**GILCHRIST EDUCATIONAL FOUNDATION, INC.**



Principal Place of Business  
2600 S PARK AVE  
TITUSVILLE, FL 32780

Mailing Address  
PO BOX 1769  
TITUSVILLE, FL 32780

**50015723**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COLEMAN, RANDALL**  
**3869 RAMBLING ACRES DR**  
**TITUSVILLE, FL 32796**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete  
NAME COLEMAN, RANDALL  
STREET ADDRESS 3869 RAMBLING ACRES DR  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VP ☒ Delete  
NAME GILLESPIE, CHARLES  
STREET ADDRESS 3880 BUTEO PLACE  
CITY-ST-ZIP TITUSVILLE, FL 32796

TITLE VP ☒ Change ☐ Addition  
NAME Mizell, Brian  
STREET ADDRESS 3831 Ridgewood Cir.  
CITY-ST-ZIP Titusville, Fl. 32796

TITLE S ☐ Delete  
NAME HARE, PAT  
STREET ADDRESS 5731 PEACOCK CT  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE T ☒ Delete  
NAME SKELDON, TIMOTHY K  
STREET ADDRESS 5055 WINCHESTER DR  
CITY-ST-ZIP TITUSVILLE, FL 32780

TITLE ☒ Change ☐ Addition  
NAME Conely, Emily  
STREET ADDRESS 7250 Madison St.  
CITY-ST-ZIP Cocoa, FL 32927

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:** *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/17/05*  
Date

*(321) 459-5876*  
Daytime Phone #