2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000005806

1. Entity Name
JEWETT EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
2447 MARY JEWETT CIR WINTER HAVEN, FL 33881	2447 MARY JEWETT CIR WINTER HAVEN, FL 33881

01222006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1175012
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HARDAWAY, LARRY
310 E MAIN ST
BARTOW, FL 33830

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: Larry D. Hardaway 2/15/06
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	P
NAME	FLOYD, DONZELL
STREET ADDRESS	2447 MARY JEWETT CIR
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	V
NAME	JONES, GLENDA
STREET ADDRESS	2205 12 ST NW
CITY-ST-ZIP	WINTER HAVEN, FL 33881
TITLE	S
NAME	BELL, DAISY
STREET ADDRESS	2204 2 ST NE
CITY-ST-ZIP	WINTER HAVEN, FL 333881
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000452579
03/13/06-80005-002 61.25

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: Donzell Floyd Donzell Floyd 2/15/06 (863)293-6548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #