


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

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90003 009 ****61.25

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|---|---|
| DOCUMENT # N04000009182 1. Entity Name STUDENT RESOURCES FOUNDATION INC. |  |
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| Principal Place of Business 7995 114TH AVE LARGO, FL 33773 | Mailing Address 7995 114TH AVE LARGO, FL 33773 |
|--|--|

DO NOT WRITE IN THIS SPACE

40102657



08292006 No Chg-NP CR2E037 (4/06)

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|---|--------------------------------|
| 4. FEI Number 16-1707666 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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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

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| Filing Fee is \$61.25 Due by September 6, 2006 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

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|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D PURSLEY, JOHN B JR 3321 EAST HERITAGE COVE DRIVE ST AUGUSTINE, FL 32092 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D SWANSON, ROBERT E 139 LUNA LANE JOHNSTOWN, PA 15904 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D YOUNG, RONALD A 512 GREENE ST CAMDEN, SC 29020 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | Executive Director Pursley, Joseph A 1516 SEAGULL DR #312 PALM HARBOR, FL 34685 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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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: Joseph A Pursley Executive Director 8/29/06 727-548-5220 (101)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #