

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90115 047 \*\*\*\*61.25

**DOCUMENT # N05000009358**

1. Entity Name  
**NATIONAL FOUNDATION FOR EDUCATION  
CORPORATION**



Principal Place of Business  
**6500 CENTRAL AVE  
ST PETERSBURG, FL 33707**

Mailing Address  
**6500 CENTRAL AVE  
ST PETERSBURG, FL 33707**

**50016304**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042006

Chg-NP

CR2E037 (11/05)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**RAISSI, JOSEPH  
6500 CENTRAL AVE  
ST PETERSBURG, FL 33707**

## 7. Name and Address of New Registered Agent

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, 2006**

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

TITLE PD ☐ Delete  
NAME **RAISSI, JOSEPH**  
STREET ADDRESS **7651 128TH ST NORTH**  
CITY-ST-ZIP **SEMINOLE, FL 33776**

TITLE D ☐ Delete  
NAME **STEAGALL, BARRY**  
STREET ADDRESS **15816 1ST ST EAST**  
CITY-ST-ZIP **REDINGTON BEACH, FL 33708**

TITLE D ☐ Delete  
NAME **CHARLES, SUSAN**  
STREET ADDRESS **10225 ULMERTON RD -S TE 11**  
CITY-ST-ZIP **LARGO, FL 33771**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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 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 RAISSI**

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone

**4,21,06 (227) 384-9500**