


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90235 005 ****61.25

DOCUMENT # N05415 1. Entity Name THE FLORIDA EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 4496 GOLDEN LAKE DR SARASOTA, FL 34233 US			Mailing Address 4496 GOLDEN LAKE DR SARASOTA, FL 34233 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2659697	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent GLENDINNING, RUSSELL B 4496 GOLDEN LAKE D R SARASOTA, FL 34233				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUNT, G. LAWRENCE <input type="checkbox"/> Delete 6108 TINLEY TERR SANFORD, FL 32773				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GLENDINNING, RUSSELL B. <input type="checkbox"/> Delete 4496 GOLDEN LAKE DR SARASOTA, FL 34233				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAMER, ROBERT <input type="checkbox"/> Delete 2109 TUSCARDRA TR MAITLAND, FL 32761				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUCNANAN, HAROLD <input type="checkbox"/> Delete 8620 BILLING HURST ORLANDO, FL 32825				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PECK, WARREN B <input type="checkbox"/> Delete 14736 CAPRI RD ORLANDO, FL 32832				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTI, WILLIAM A <input type="checkbox"/> Delete 5509 VAN BUREN ST HOLLYWOOD, FL 33021				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
D MEGUIAR, JEROME <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 145 W. DAVIS BLVD TAMPA FL 33606					
D ESHRICH, DAVID A. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 917 HAYMARKET DR LAKELAND FL 33809					
D HUNTER, CHRIS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2203 CATBRIAR WAY DUNEDIN FL 32725					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 <i>R. B. GLENDINNING</i> 4/28/06 941.356.7209 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					