

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17933

FILED  
Feb 05, 2005  
Secretary of State

Entity Name: FLORIDA PUBLIC RELATIONS EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

40 SARASOTA CTR BLVD  
107  
SARASOTA, FL 34240 US

**New Principal Place of Business:**

**Current Mailing Address:**

40 SARASOTA CTR BLVD  
107  
SARASOTA, FL 34240 US

**New Mailing Address:**

FEI Number: 59-2743898      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CARROLL, CHRISTOPHER  
40 SARASOTA CTR BLVD  
SUITE 107  
SARASOTA, FL 34240 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MSD ( ) Delete  
Name: CARROLL, CHRISTOPHER  
Address: 40 SARASOTA CTR BLVD 107  
City-St-Zip: SARASOTA, FL 34240

Title: MSD ( ) Delete  
Name: KEYES-SHIMA, CHERAY  
Address: 40 SARASOTA CTR BLVD 107  
City-St-Zip: SARASOTA, FL 34240

Title: DP ( ) Delete  
Name: SAVAGE, CAROLE  
Address: 1525 SE 42 ST  
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete  
Name: INCANTALUPO, VALERIE  
Address: 5700 SW 34TH ST., STE. 1235  
City-St-Zip: GAINESVILLE, FL 32608

Title: DVP ( ) Delete  
Name: LAUDERDALE, LEAH  
Address: 40 SARASOTA CENTER BLVD., STE. 107  
City-St-Zip: SARASOTA, FL 34240

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: LAUDERDALE, LEAH  
Address: 1915 S. FLORAL AVE.  
City-St-Zip: BARTOW, FL 33830

Title: TD (X) Change ( ) Addition  
Name: NICHOLS, LISA  
Address: 3003 SW COLLEGE RD., STE. 205  
City-St-Zip: OCALA, FL 34474

Title: DVP (X) Change ( ) Addition  
Name: MOORE, ADRIENNE  
Address: 3209 VIRGINIA AVE.  
City-St-Zip: FORT PIERCE, FL 34981

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER M. CARROLL

MSD

02/05/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date