

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17933

FILED
Feb 10, 2006
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: LAUDERDALE, LEAH
Address: 1915 S. FLORAL AVE.
City-St-Zip: BARTOW, FL 33830

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

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

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: MOORE, ADRIENNE
Address: 3209 VIRGINIA AVE
City-St-Zip: FORT PIERCE, FL 34981

Title: TD (X) Change () Addition
Name: HEMMINGER EVAN, RONDA
Address: 1 DR MARTIN LUTHER KING JR AVE
City-St-Zip: INVERNESS, FL 34450

Title: DVP (X) Change () Addition
Name: RYE, JESSICA
Address: NASA-KSC/MAIL CODE XA-E1
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 CARROLL

MSD

02/10/2006

Electronic Signature of Signing Officer or Director

_____ Date