## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N17933

FILED Feb 03, 2007 Secretary of State

Entity Name: FLORIDA PUBLIC RELATIONS EDUCATION FOUNDATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	OTA CTR BL	/D				
107 SARASOT	A, FL 34240	US				
Current Mailing Address:			New Mail	New Mailing Address:		
40 SARAS	OTA CTR BL\	/D				
107 SARASOT	A, FL 34240	US				
FEI Number	: 59-2743898	FEI Number Applied For ( )	FEI Number Not App	olicable ( )	Certificate of Status Desired ( )	
Name and	l Address of C	Current Registered Agent:	Name and	d Address of	New Registered Agent:	
SUITE 107 SARASOT The above	A, FL 34240 named entity: e of Florida.	US	e purpose of changing	its registered	office or registered agent, or both,	
SIGNATO		nic Signature of Registered A			 Date	
OFFICERS AND DIRECTORS:			•	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CARROLL, CH	CTR BLVD 107	Title: Name: Address: City-St-Zip:		( ) Change( ) Addition	
Title: Name: Address: City-St-Zip:	KEYES-SHIMA	CTR BLVD 107	Title: Name: Address: City-St-Zip:	(	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DP ( ) MOORE, ADRII 3209 VIRGINIA FORT PIERCE	AVE	Title: Name: Address: City-St-Zip:	RYE, JESSIC NASA-KSC/M	X) Change () Addition A AIL CODE XA-E1 PACE CENTER, FL 32899	
Title: Name: Address: City-St-Zip:	HEMMINGER E	LUTHER KING JR AVE	Title: Name: Address: City-St-Zip:	TD ( WILSON, JAY 328 W. HIBIS MELBOURNE	CUS BLVD	
Title:	DVP ( ) RYE, JESSICA	Delete	Title: Name:	DVP ( SPARLING, S	X) Change ()Addition	

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 02/03/2007