

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17933

FILED
Apr 14, 2008
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: RYE, JESSICA
Address: NASA-KSC/MAIL CODE XA-E1
City-St-Zip: KENNEDY SPACE CENTER, FL 32899

Title: TD () Delete
Name: WILSON, JAY
Address: 328 W. HIBISCUS BLVD
City-St-Zip: MELBOURNE, FL 32901

Title: DVP () Delete
Name: SPARLING, SUZANNE
Address: 937 DIXON BLVD
City-St-Zip: COCOA, FL 32922

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: SPARLING, SUZANNE
Address: 937 DIXON BLVD
City-St-Zip: COCOA, FL 32922

Title: TD (X) Change () Addition
Name: BECHT, SHERIDAN
Address: BOX 3193
City-St-Zip: ORLANDO, FL 32802

Title: DVP (X) Change () Addition
Name: HART, LANETTE
Address: 50 N LAURA ST, 23RD FLR
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify 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

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date