2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90296 018 ****61.25

DOCUMENT # N36808

1. Entity Name
ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

60026059

Principal Place of Business	Mailing Address
4204 OKEECHOBEE RD. FT. PIERCE, FL 34947	4204 OKEECHOBEE RD. FT. PIERCE, FL 34947

03072006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0209044 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, KIM
4204 OKEECHOBEE ROAD
FORT PIERCE, FL 34947

7. Name and Address of New Registered Agent

Name Mary Holmgren
Street Address (P.O. Box Number is Not Acceptable) 4204 Okeechobee Road
City Fort Pierce, **FL** Zip Code 34947

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.

SIGNATURE Mary Holmgren Mary Holmgren, Director of Development, St. Lucie Education Foundation 3-30-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PHILLPS, KIM 4294 OKEECHOBEE ROAD FORT PIERCE, FL 34947	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD David Skiles 4204 Okeechobee Road Ft. Pierce, FL 34947	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ALLEY, PAT 2211 OKEECHOBEE ROAD FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KING, GINGER 1800 SE TIFFANY AVE PORT SAINT LUCIE, FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Vicki Spencer 4204 Okeechobee Road Ft. Pierce, FL 34947	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DEIULIO, DAN 528 S US HWY 1 FORT PIERCE, FL 34950	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mary Holmgren 4204 Okeechobee Road Ft. Pierce, FL 34947	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOSKINS, BETH 2931 N INDIAN RIVER DRIVE FORT PIERCE, FL 34946	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Mary C. Holmgren 3/30/06 772-429-3507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #