

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N50929 (1)

1. Corporation Name

EDUCATION FIRST FOUNDATION, INC.

FILED

97 OCT -3 PM 1:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

4400 PGA BLVD.
SUITE 707-A
PALM BEACH GARDENS FL 33410

4400 PGA BLVD.
SUITE 707-A
PALM BEACH GARDENS FL 33410-6553

3. Date Incorporated or Qualified
09/21/1992

3a. Date of Last Report
08/12/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 Suite 700

26 Suite, Apt. #, etc.
27 Suite 700

23 City & State

28 City & State

24 Zip Country
25

29 Zip Country
30

4. FEI Number

65-0368893

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAEFER, ROBERT E.
4400 PGA BLVD.
SUITE 707-A Suite 700
PALM BEACH GARDENS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME SCHAEFER, ROBERT E.
STREET ADDRESS 4400 PGA BLVD.
CITY-ST-ZIP PALM BEACH GRDNS FL ☐ DELETE

TITLE VD
NAME SCHAEFER, WILLIAM G. JR.
STREET ADDRESS 4400 PGA BLVD.
CITY-ST-ZIP PALM BEACH GRDNS FL ☒ DELETE

TITLE TD
NAME MADIGAN, JOHN W.
STREET ADDRESS 4400 PGA BLVD.
CITY-ST-ZIP PALM BEACH GRDNS FL ☒ DELETE

TITLE VSD
NAME SCHAEFER, CECILIA M
STREET ADDRESS 4400 PGA BLVD.
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE D
NAME SCHAEFER, CHRISTINE E.
STREET ADDRESS 440 PGA BLVD
CITY-ST-ZIP PALM BEACH GARDENS FL ☐ DELETE

TITLE D
NAME SANTANIELLO ESQ., ALFRED T.
STREET ADDRESS 4400 PGA BLVD
CITY-ST-ZIP PALM BEACH GRDNS FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Robert Schaefer

Robert Schaefer

5/13/97 A/C 561
622-0912