

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N94000000421

1. Entity Name

EDUCATIONAL ASSISTANCE FOUNDATION, INC.



Principal Place of Business

**2600 N.E. 24 STREET
LIGHTHOUSE POINT, FL 33064**

Mailing Address

**2600 N.E. 24 STREET
LIGHTHOUSE POINT, FL 33064**

DO NOT WRITE IN THIS SPACE



01282004 No Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0486694

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PRICE, DAVID T
2600 N.E. 24 STREET
LIGHTHOUSE POINT, FL 33064**

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IN THIS SPACE**

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

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000124648
04/22/04-80053-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS PRICE, DAVID T 2600 N.E. 24 STREET LIGHTHOUSE POINT, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEY, ROBERT R LITTLE ORCHARD, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEY, HENRY E PELICAN SHORES, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEY, EMILY M LITTLE ORCHARD, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KEY, LYNN Y PELICAN SHORES, MARSH HARBOUR GREAT ABACO, THE BAHAMAS,
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORNADAY, SHERRAL O 849 DOGWOOD RD N PALM BCH, FL 33408

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Signature, typed or printed name of signing officer or director

Date

Daytime Phone #