

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000421

FILED
Apr 16, 2009
Secretary of State

Entity Name: EDUCATIONAL ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0486694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRICE, DAVID T
2600 N.E. 24 STREET
LIGHTHOUSE POINT, FL 33064 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: DS () Delete
Name: PRICE, DAVID T
Address: 2600 N.E. 24 STREET
City-St-Zip: LIGHTHOUSE POINT, FL

Title: DP () Delete
Name: KEY, ROBERT R
Address: LITTLE ORCHARD, MARSH HARBOUR
City-St-Zip: GREAT ABACO, THE BAHAMAS,

Title: D () Delete
Name: KAIGHIN, LIANN KEY
Address: PELICAN SHORES, MARSH HARBOUR
City-St-Zip: GREAT ABACO, THE BAHAMAS, OC

Title: D () Delete
Name: KEY, EMILY M
Address: LITTLE ORCHARD, MARSH HARBOUR
City-St-Zip: GREAT ABACO, THE BAHAMAS, OC

Title: D () Delete
Name: KAIGHIN, JAMES
Address: PELICAN SHORES, MARSH HARBOUR
City-St-Zip: GREAT ABACO, THE BAHAMAS, OC

Title: D () Delete
Name: CALVALCANTI, GLYNDA
Address: 315 AVE A
City-St-Zip: FT. PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID T PRICE

DS

04/16/2009

Electronic Signature of Signing Officer or Director

Date