


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 13, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N98000000629 1. Entity Name CENTER FOR POLICY IN HIGHER EDUCATION, INC.	
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Principal Place of Business 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418	Mailing Address 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0810604	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  BAKST, ELAINE M 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418
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**DO NOT WRITE  
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, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BAKST, DAREN L 2812 RD LEAF DRIVE LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUBOY, SUSAN 3634 GUBSTON RD 928 JOHNSTOWN, PA 15904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOSS, WILLIAM M 119 GREGORY PLACE WEST PALM BEACH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKST, ELAINE 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPOS, LENORA 370 EAST 69TH STREET, APT. 2K NEW YORK, NY 10021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ELAINE, BAKST M 111 COCONUT KEY COURT PALM BEACH GARDENS, FL 33418

**DO NOT WRITE  
IN THIS SPACE**

00000179957  
01/13/05-80036-011 61.25

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: Elaine Bakst Sec Date: 1-10-05 5616225765  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #