

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 29, 2004 8:00 am**  
**Secretary of State**

09-29-2004 90001 008 \*\*\*\*70.00

**DOCUMENT # N98000001055**

1. Entity Name

THE ELY EDUCATION FOUNDATION, INC.



Principal Place of Business

595 NW 15TH STREET  
POMPANO BEACH FL 33060

Mailing Address

P.O. BOX 11178  
POMPANO BEACH FL 33063

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

66-5082344

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORDE, FREDREKIA M  
225 NW 15TH COURT  
POMPANO BEACH FL 33060

Name

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

City

**FL**

Zip Code

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

**FILE NOW: FEE IS \$61.25**  
**Due By September 8, 2004**

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

TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CLAY, MARY	
STREET ADDRESS	3464 N.W. 24 STREET	
CITY-ST-ZIP	LAUDERHILL LAES FL 33-3313	
TITLE	CDP	<input type="checkbox"/> Delete
NAME	FORDE, FREDREKIA M	
STREET ADDRESS	225 NW 15TH CT.	
CITY-ST-ZIP	POMPANO BCH FL 33060	
TITLE	T	<input type="checkbox"/> Delete
NAME	CLAY, MARY	
STREET ADDRESS	4105 WEST ATLANTIC BLVD 302	
CITY-ST-ZIP	POMPANO BEACH FL 33066	
TITLE	V	<input type="checkbox"/> Delete
NAME	COLEMAN, ETHEL	
STREET ADDRESS	1341 NW 51ST AVE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33313	
TITLE	S	<input type="checkbox"/> Delete
NAME	DUNCAN, JOANN	
STREET ADDRESS	2461 N.W. 11TH STREET	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	S	<input type="checkbox"/> Delete
NAME	SHEPPARD, MOZELLE	
STREET ADDRESS	2151 N.W. 10 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33069	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Jenkins-Spencer	
STREET ADDRESS	4105 West Atlantic Blvd #302	
CITY-ST-ZIP	Pompano Beach, FL 33066	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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:** *Fredrekia M. Forde, President/CEO*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*9/24/04 (954) 831-8529*  
Date Daytime Phone #