

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90261 039 ****61.25

DOCUMENT # N99000001339

1. Entity Name
PARTNERSHIP FOR BETTER SCHOOL FUNDING, INC.



Principal Place of Business
**908 SOUTH ANDREWS AVE
FORT LAUDERDALE, FL 33316**

Mailing Address
**P.O. BOX 460058
FORT LAUDERDALE, FL 33346**

49026012



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092004 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0898683

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

**BOGDANOFF, ELLYN SETNOR
908 S. ANDREWS AVENUE
FT. LAUDERDALE, FL 33316**

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

**Filing Fee is \$61.25
Due by May 1, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **PRUITT, KEN**
STREET ADDRESS **3012 SW COLLINGS DR**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE **C** ☒ Change ☐ Addition
NAME **Pruitt, Ken**
STREET ADDRESS **3012 SW Collings Dr**
CITY-ST-ZIP **Port St. Lucie, FL 34953**

TITLE **S** ☐ Delete
NAME **BOGDANOFF, ELLYN SELMOR**
STREET ADDRESS **908 S. ANDREWS AVE.**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **S** ☒ Change ☐ Addition
NAME **Bogdanoff, Elyn Setnor**
STREET ADDRESS **908 S. Andrews Ave.**
CITY-ST-ZIP **Fort Lauderdale, FL 33316**

TITLE **D** ☐ Delete
NAME **TATE, STANLEY**
STREET ADDRESS **1175 NE 125 ST #102**
CITY-ST-ZIP **NO. MIAMI, FL 33161**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SPECHLER, JULIE**
STREET ADDRESS **9100 S. DADELAND BLVD, SUITE 1410**
CITY-ST-ZIP **MIAMI, FL 33156**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **Ross, Scott**
STREET ADDRESS **1311 B Paul Russell Rd.**
CITY-ST-ZIP **Tallahassee, FL 32301**

TITLE **D** ☒ Delete
NAME **Baccus, Chevron T.**
STREET ADDRESS **343 West Central Avenue**
CITY-ST-ZIP **Lake Wales, FL 33853**

TITLE ☐ Change ☐ 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: *[Signature]* Secretary

4/9/04 954.7679800