

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001339

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** PARTNERSHIP FOR BETTER SCHOOL FUNDING, INC.

**Current Principal Place of Business:**

908 SOUTH ANDREWS AVE  
FORT LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 460058  
FORT LAUDERDALE, FL 33346

**New Mailing Address:**

**FEI Number:** 65-0898683

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOGDANOFF, ELLYN SETNOR  
908 S.ANDREWS AVENUE  
FT. LAUDERDALE, FL 33316 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: C ( ) Delete  
Name: PRUITT, KEN  
Address: 3012 SW COLLINGS DR  
City-St-Zip: PORT ST.LUCIE, FL 34953

Title: S ( ) Delete  
Name: BOGDANOFF, ELLYN SELMOR  
Address: 908 S ANDREWS AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: D ( ) Delete  
Name: TATE, STANLEY  
Address: 1175 NE 125 ST #102  
City-St-Zip: NO. MIAMI, FL 33161

Title: D ( ) Delete  
Name: SPECHLER, JULIE  
Address: 9100 S.DADELAND BLVD ,SUITE 1410  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: ROSS, SCOTT  
Address: 311 B PAUL RUSSELL RD.  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: BOGDANOFF, ELLYN SETMOR  
Address: 908 S ANDREWS AVE.  
City-St-Zip: FORT LAUDERDALE, FL 33316

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 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 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: ELLYN SETNOR BOGDANOFF

S

04/29/2005

Electronic Signature of Signing Officer or Director

Date