

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005
Secretary of State

DOCUMENT# N08500

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

325 W. GAINES STREET
544 FLORIDA EDUCATION CENTER
TALLAHASSEE, FL 323990400 US

New Principal Place of Business:

Current Mailing Address:

325 W. GAINES STREET
544 FLORIDA EDUCATION CENTER
TALLAHASSEE, FL 323990400 US

New Mailing Address:

FEI Number: 59-2718509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAIN, DIANE
325 W GAINES ST
SUITE 1544
TALLAHASSEE, FL 323990400 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: SMITH, JAN E
Address: 1111 3RD AVENUE
City-St-Zip: BRADENTON, FL 34205

Title: T () Delete
Name: LEVY, ALAN
Address: 75 ROYAL PALM DR.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VC () Delete
Name: TRIPATHY, NIRMAL
Address: 33 E FLAGLER ST.
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: DESIR, DR. RANLEY
Address: 2925 AVENTURA BLVD., SUITE 200
City-St-Zip: AVENTURA, FL 33180 US

Title: D () Delete
Name: JAMES, SUSAN
Address: 1001 BRICKELL BAY, SUITE 2910
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: BROOKS, DERRICK
Address: 2915 W FERN ST.
City-St-Zip: TAMPA, FL 33614 US

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 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: JAN SMITH

C

01/12/2005

Electronic Signature of Signing Officer or Director

_____ Date