

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 24, 2006  
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:

NIETO, RONALD A  
325 W GAINES ST  
SUITE 1544  
TALLAHASSEE, FL 323990400 US

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: RONALD A. NIETO

04/24/2006

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: D (X) Change ( ) Addition  
Name: HORNE, JAMES  
Address: POST OFFICE BOX 8339  
City-St-Zip: FLEMING ISLAND, FL 32006 US

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 Chapter 119, 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: RONALD A. NIETO

ED

04/24/2006

Electronic Signature of Signing Officer or Director

Date