

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004954

Entity Name: PALM BEACH NORTH EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**5520 PGA BOULEVARD
SUITE 200
PALM BEACH GARDENS, FL 33418**Current Mailing Address:**5520 PGA BOULEVARD
SUITE 200
PALM BEACH GARDENS, FL 33418 US**FEI Number:** 65-0784996**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MARTINEZ, NOEL
5520 PGA BOULEVARD
SUITE 200
PALM BEACH GARDENS, FL 33418 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:** NOEL MARTINEZ

03/10/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	MARTINEZ, NOEL
Address	5520 PGA BOULEVARD SUITE 200
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	SPENCER, VIRGINIA
Address	13 THURSTON DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	DIRECTOR
Name	THOMPSON, KATIE
Address	6098 LINTON STREET
City-State-Zip:	JUPITER FL 33458

Title	SECRETARY
Name	JOY, KATHLEEN
Address	423 OXFORD STREET
City-State-Zip:	WEST PALM BEACH FL 33405

Title	DIRECTOR
Name	MURRELL, RICK
Address	5 EAST 11TH STREET
City-State-Zip:	RIVIERA BEACH FL 33404

Title	PRESIDENT
Name	TAYLOR, ROBERT
Address	110 BRIDGE RD
City-State-Zip:	TEQUESTA FL 33469

Title	VP
Name	MARTINEZ SLATON, ALEX
Address	11433 SW KINGSLAKE CIRCLE
City-State-Zip:	PORT ST LUCIE FL 34987

Title	DIRECTOR
Name	MITRIONE, STEPHAINE
Address	409 MEADOWLARK LANE
City-State-Zip:	JUPITER FL 33458

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I hereby 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 all other like empowered.

SIGNATURE: NOEL MARTINEZ

PRESIDENT & CEO

03/10/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	COMBES, CARRIE
Address	473 ORIOLE PT
City-State-Zip:	JUPITER FL 33458