

5-6-97 B-6404 C  
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 May 06 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 707691 (2)  
 1. Corporation Name  
 FLORIDA ASSOCIATION OF EDUCATIONAL DATA SYSTEMS, INC.



Principal Place of Business Mailing Address  
 ALACHUA P.S. 1040 E. PARK AVE  
 620 E. UNIVERSITY AVE. TALLAHASSEE FL 32301-2677  
 GAINESVILLE FL 32601 US

3. Date Incorporated or Qualified 08/11/1964  
 3a. Date of Last Report 02/14/1996  
 4. FEI Number 59-2767969 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent  
 DANIEL H. CROMER, JR.  
 620 EAST UNIVERSITY AVENUE  
 GAINESVILLE FL 32601

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PE	<input checked="" type="checkbox"/> DELETE
NAME	LEDUC, AL	
STREET ADDRESS	11011 SW 104 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	BRANCH BILL	
STREET ADDRESS	4000 CENTEAL FL BLVD.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANEY, MARY	
STREET ADDRESS	40 ORANGE ST.	
CITY-ST-ZIP	ST. AUGUSTINE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MOON, EARL	
STREET ADDRESS	HIGHWAY 100 EAST	
CITY-ST-ZIP	BUNNELL FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROMER DAN	
STREET ADDRESS	620 E. UNIVERSITY AVE.	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RABE, FRED	
STREET ADDRESS	3205 S WASHINGTON AVE.	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Richard W. Struense	
1.3 STREET ADDRESS	1311 Balboa Ave	
1.4 CITY-ST-ZIP	Panama City, FL 32401	
2.1 TITLE	Past Pres/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Albert L. LeDuc	
2.3 STREET ADDRESS	10321 S.W. 107th St	
2.4 CITY-ST-ZIP	Miami, FL 33176	
3.1 TITLE	Pres Elect/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cary Petersen	
3.3 STREET ADDRESS	8555 Royalwood Dr	
3.4 CITY-ST-ZIP	Jacksonville, FL 32256	
4.1 TITLE	Sec/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Annette Barwick	
4.3 STREET ADDRESS	3102 E. Trapnell Rd	
4.4 CITY-ST-ZIP	Plant City, FL 33566	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Daniel H. Cromer, Jr.	
5.3 STREET ADDRESS	2009 N.W. 43rd Place	
5.4 CITY-ST-ZIP	Gainesville, FL 32605	
6.1 TITLE	Treas/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Carlotta Appleman	
6.3 STREET ADDRESS	3248 N. Shannon Lakes Dr	
6.4 CITY-ST-ZIP	Tallahassee, FL 32308	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Carlotta Appleman 4/20/97 (904) 922-8129  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007959

CR2E037 (9/96)