


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90102 042 ****61.25

0007182

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 707691

1. Corporation Name
FLORIDA ASSOCIATION OF EDUCATIONAL DATA SYSTEMS, INC.

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/11/1964
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2767969
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PPD	NAME STRUENSE, RICHARD W	1.1 TITLE PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1311 BALBOA AVE.	CITY-ST-ZIP PANAMA CITY FL	1.2 NAME	
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD	NAME MILLER, STEVEN F	2.2 NAME	
STREET ADDRESS 6831 DEER SPRINGS RD	CITY-ST-ZIP KEYSTONE HTS FL 32656	2.3 STREET ADDRESS	
1.5 CITY-ST-ZIP	1.6 CITY-ST-ZIP	2.4 CITY-ST-ZIP	
TITLE PD	NAME PETERSEN, CARY	3.1 TITLE PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 8555 ROYALWOOD DR.	CITY-ST-ZIP JACKSONVILLE FL	3.2 NAME	
1.7 CITY-ST-ZIP	1.8 CITY-ST-ZIP	3.3 STREET ADDRESS	
TITLE D	NAME BARWICK, ANNETTE	3.4 CITY-ST-ZIP	
STREET ADDRESS 3102 E. TRAPNELL RD.	CITY-ST-ZIP PLANT CITY FL	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.9 CITY-ST-ZIP	1.10 CITY-ST-ZIP	4.2 NAME Bebe Smith	
TITLE PED	NAME CROMER, DANIEL H JR.	4.3 STREET ADDRESS 354 Colt Ct	
STREET ADDRESS 2009 N.W. 43RD PLACE	CITY-ST-ZIP GAINESVILLE FL	4.4 CITY-ST-ZIP Tallahassee, FL 32312	
1.11 CITY-ST-ZIP	1.12 CITY-ST-ZIP	5.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD	NAME APPLEMAN, CARLOTTA	5.2 NAME	
STREET ADDRESS 3248 N. SHANNON LAKES DR.	CITY-ST-ZIP TALLAHASSEE FL	5.3 STREET ADDRESS	
1.13 CITY-ST-ZIP	1.14 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
1.15 CITY-ST-ZIP	1.16 CITY-ST-ZIP	6.3 STREET ADDRESS	
TITLE	NAME	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *CarloTTa Appleman* DATE: *4/19/99* (850) 488-9288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)