

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **710612**
1. Corporation Name
The Educational Foundation of the Florida Restaurant Association, Inc.

Principal Place of Business Mailing Address

3. Date Incorporated or Qualified 3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21	200 W. College Avenue	26	P.O. Box 1779	59-6194391		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
23	Tallahassee, FL	28	Tallahassee, FL				
Zip		Country		Zip		Country	
24	32301	25		29	32302	30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81	Name Carol B. Dover		
				82	Street Address (P.O. Box Number is Not Acceptable) 200 W. College Avenue		
				83			
				84	City Tallahassee	85	Zip Code FL 32301

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 *Carol B. Dover* DATE *5/1/96*

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE		<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				1.2 NAME	Wilson, Vivian		
STREET ADDRESS				1.3 STREET ADDRESS	4280 S. Washington Avenue		
CITY - ST - ZIP				1.4 CITY - ST - ZIP	Titusville, FL 32780-6640		
TITLE		<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				2.2 NAME	Jarrett, Dave		
STREET ADDRESS				2.3 STREET ADDRESS	5370 Keswick Court		
CITY - ST - ZIP				2.4 CITY - ST - ZIP	Orlando, FL 32812		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME	Kleinrichert, Mike		
STREET ADDRESS				3.3 STREET ADDRESS	2704 Inlet Circle		
CITY - ST - ZIP				3.4 CITY - ST - ZIP	Lake Worth, FL 33463		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	EVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME	Dover, Carol B.		
STREET ADDRESS				4.3 STREET ADDRESS	Route 1, Box 3016		
CITY - ST - ZIP				4.4 CITY - ST - ZIP	Havana, FL 32333		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	100001857831	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME	-06/11/96--01073--006		
STREET ADDRESS				6.3 STREET ADDRESS	***61.25		
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Carol B. Dover* DATE: *5/1/96* DAYTIME PHONE: *904/224-2250*
CE 5.1.96

CR2E037 (12/95)