

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710612 (3)
 1. Corporation Name
THE EDUCATIONAL FOUNDATION OF THE FLORIDA RESTAURANT ASSOCIATION, INC.

Principal Place of Business 230 S. ADAMS ST. TALLAHASSEE FL 32301 US	Mailing Address P.O. BOX 1779 TALLAHASSEE FL 32301
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3. Date Incorporated or Qualified
03/28/1966

4. FEI Number 71-0612231	Applied For Not Applicable
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2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**DOVER, CAROL B
 230 S. ADAMS ST.
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSON, VIVIAN	1.2 NAME	MURRAY, DENNIS J.
STREET ADDRESS	4280 S WASHINGTON AVE	1.3 STREET ADDRESS	7758 APPLE TREE CIR
CITY-ST-ZIP	TITUSVILLE FL 32780-6640	1.4 CITY-ST-ZIP	ORLANDO - FL - 32819
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARRETT, DAVE	2.2 NAME	
STREET ADDRESS	5370 KESWICK CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOETTCHER, CAROL	3.2 NAME	
STREET ADDRESS	2655 N.E. 189TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVER, CAROL B	4.2 NAME	
STREET ADDRESS	ROUTE E, BOX 3018	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAVANA FL	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEE, MAY	5.2 NAME	AVERY, PAUL
STREET ADDRESS	1780 N. HONORE AVE.	5.3 STREET ADDRESS	550 REO ST, STE 200
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	TAMPA - FL - 33609
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUNTER, MARTIN P	6.2 NAME	PD
STREET ADDRESS	7050 S. KIRKMAN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	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.

SIGNATURE: *Carol B. Dover* **DOVER, CAROL B.** 4/1/98 850/224-2250

CFR2037 (1097)