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02-26-1999 90038 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 710612

1. Corporation Name
THE EDUCATIONAL FOUNDATION OF THE FLORIDA RESTAU RANT ASSOCIATION, INC.

Principal Place of Business	Mailing Address
230 S. ADAMS ST. TALLAHASSEE FL 32301 US	P.O. BOX 1779 TALLAHASSEE FL 32301

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/28/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number ~~71-0612231~~ 59-6194391 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 32302 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent	
DOVER, CAROL B 230 S. ADAMS ST. TALLAHASSEE FL 32301	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 _____ 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MURRAY, DENNIS J		1.2 NAME		
STREET ADDRESS	7758 APPLE TREE CIR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	S V/D	☒ Change ☒ Addition
NAME	JARRETT, DAVE		2.2 NAME	DONOVAN, MIKE	
STREET ADDRESS	5370 KESWICK CT		2.3 STREET ADDRESS	2729 N UNIVERSITY DR	
CITY-ST-ZIP	ORLANDO FL 32812		2.4 CITY-ST-ZIP	CORAL SPRINGS - FL - 33065	
TITLE	STD	☒ DELETE	3.1 TITLE	P/D	☐ Change ☒ Addition
NAME	BOETTCHER, CAROL		3.2 NAME	JARRETT, DAVID A.	
STREET ADDRESS	2655 N.E. 189TH ST		3.3 STREET ADDRESS	5370 KESWICK CT	
CITY-ST-ZIP	N. MIAMI BEACH FL		3.4. CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	EVP	☐ DELETE	4.1 TITLE	CGO	☒ Change ☐ Addition
NAME	DOVER, CAROL B		4. 2 NAME		
STREET ADDRESS	ROUTE E, BOX 3016		4.3 STREET ADDRESS	534 DOVER RD	
CITY-ST-ZIP	HAVANA FL		4.4 CITY-ST-ZIP	HAVANA, FL 32333	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	AVERY, PAUL		5.2 NAME		
STREET ADDRESS	550 RED ST, STE 200		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33609		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE	S/T/D	☒ Change ☐ Addition
NAME	HUNTER, MARTIN P		6.2 NAME		
STREET ADDRESS	7050 S. KIRKMAN RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP	ORLANDO - FL - 32819	

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: Carol B. Dover SIGNATURE REQUIRED 1/20/99 (850) 224-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CAROL B. DOVER

CR2E037 (11/98)