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**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90020 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758437**

1. Corporation Name  
**FLORIDA ASSOCIATION OF PARTNERS IN EDUCATION INC ORPORATED**

Principal Place of Business 10715 CLYDESDALE DRIVE JACKSONVILLE FL 32257 US	Mailing Address 30 EAST TEXAR DRIVE J.E. HALL CENTER PENSACOLA FL 32503
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/20/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2141327
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		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

LEE, SALLY  
 30 TEXAR DRIVE  
 J.E. HALL CENTER-VOLUNTEER PARTNERSHIPS  
 PENSACOLA FL 32503

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OWENS-THOMPSON, JAYNE	
STREET ADDRESS	10715 CLYDESDALE DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	GATES, MARGARET ANNE	
STREET ADDRESS	1915 SOUTH FLORAL AVENUE	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LEE, SALLY	
STREET ADDRESS	30 EAST TEXAR DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	SI	<input type="checkbox"/> DELETE
NAME	PARPARD, SHELLEY	
STREET ADDRESS	3312 FOREST HILL BLVD., #A-33A	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	MCCAULEY, BETSY	
STREET ADDRESS	3955 W. PENSACOLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	3304 Forest Hill Blvd #C-110
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Sally Lee DATE RECEIVED: 1/11/99 850/438-2378  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)