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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 760752

1. Corporation Name
JOHN CARROLL EDUCATIONAL FOUNDATION, INC.

Principal Place of Business 311 SOUTH SECOND STREET P. O. BOX 1270 FT. PIERCE FL 34954	Mailing Address 311 SOUTH SECOND STREET P. O. BOX 1270 FT. PIERCE FL 34954
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/19/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2145702
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 GRIFFIN, CHESTER B 311 SOUTH SECOND ST FT PIERCE FL 34954	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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	NAME GRIFFIN, CHESTER B.	1.1 TITLE VP & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 151 HARTMAN RD	CITY-ST-ZIP FT. PIERCE FL	1.2 NAME Dominick Scotto	
		1.3 STREET ADDRESS 8600 Indrio Road	
		1.4 CITY-ST-ZIP Ft Pierce, FL 34946	
TITLE SD	NAME GILMORE, CAROL	2.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2504 LAZY HAMMOCKS LANE	CITY-ST-ZIP FT. PIERCE FL	2.2 NAME James A Rice	
		2.3 STREET ADDRESS 2521 North Indian River Drive	
		2.4 CITY-ST-ZIP Ft Pierce, FL 34946	
TITLE Sec-Treas & Director	NAME DRISCOLL, MICHAEL	3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1920 WREN AVENUE	CITY-ST-ZIP FT. PIERCE FL	3.2 NAME Paul Driscoll	
		3.3 STREET ADDRESS P O Box 1509	
		3.4 CITY-ST-ZIP Ft Pierce, FL 34954	
TITLE	NAME	4.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME Richard Dungey	
		4.3 STREET ADDRESS 1100 S Federal Highway	
		4.4 CITY-ST-ZIP Stuart, FL 34994	
TITLE	NAME	5.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME Duane Stemle	
		5.3 STREET ADDRESS 49 N Sewalls Point Road	
		5.4 CITY-ST-ZIP Sewalls Point, FL 34996	
TITLE	NAME	6.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME Jim Elam	
		6.3 STREET ADDRESS 111 Orange Avenue, Suite 300	
		6.4 CITY-ST-ZIP Ft Pierce, FL 34950	

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: SIGNATURE REQUIRED DATE: 1/28/99 DAYTIME PHONE #: 561-461-6040

CR2E037 (1/98)