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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N21362 (1)

1. Corporation Name

FLORIDA IMPACT EDUCATION FUND, INC.



Principal Place of Business

Mailing Address

837 E PARK AVE
TALLAHASSEE FL 32301

837 E PARK AVE
TALLAHASSEE FL 32301-2620

3. Date Incorporated or Qualified
06/29/1987

3a. Date of Last Report
02/09/1996

2. Principal Place of Business

2a. Mailing Address

21 345 S. Magnolia Dr.

26 345 S. Magnolia Dr.

Suite, Apt. #, etc

Suite, Apt. #, etc.

22 E-17

27 E-17

City & State

City & State

23 Tallahassee FL

28 Tallahassee FL

Zip

Country

Zip

Country

24 32301

25 USA

29 32301

30 USA

4. FEI Number

59-2659151

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUSIE, DEBRA
837 E PARK AVE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D [] DELETE
NAME SCALES, MADIE
STREET ADDRESS 202 WEST NINTH STREET
CITY-ST-ZIP LAKELAND FL

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME PERRY, ROBERTA
STREET ADDRESS 1109 S. CASS ST.
CITY-ST-ZIP DELAND FL

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME HINGST, EMORY
STREET ADDRESS 2198 N. MERIDIAN
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D [] DELETE
NAME STEPHENS, AGNES
STREET ADDRESS P.O. BOX 2714 N/A
CITY-ST-ZIP BARTOW FL

4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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: Debra A. Susie, Registered Agent director 2/7/97 904-309-1488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007088

CR2E037 (9/96)