

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N21362 (1)**  
 1. Corporation Name  
**FLORIDA IMPACT EDUCATION FUND, INC.**



Principal Place of Business		Mailing Address	
345 S. MAGNOLIA DR. E-17 TALLAHASSEE FL 32301 US		345 S. MAGNOLIA DR. E-17 TALLAHASSEE FL 32301 US	
2. Principal Place of Business	2a. Mailing Address	21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
Country	Country	25	29

3. Date Incorporated or Qualified  
**06/29/1987**

4. FEI Number  
**59-2859151**

Applied For  
 Applied For  
 Not Applicable

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

**SUSIE, DEBRA**  
**837 E PARK AVE**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**Debra Susie**  
**345 S. Magnolia Dr.**  
**Tallahassee FL 32301**

81  
82  
83  
84  
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

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SCALES, MADIE</b>	
STREET ADDRESS	<b>202 WEST NINTH STREET</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PERRY, ROBERTA</b>	
STREET ADDRESS	<b>1109 S. CASS ST.</b>	
CITY-ST-ZIP	<b>DELAND FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HINGST, EMORY</b>	
STREET ADDRESS	<b>2198 N. MERIDIAN</b>	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEPHENS, AGNES</b>	
STREET ADDRESS	<b>P.O. BOX 2714 N/A</b>	
CITY-ST-ZIP	<b>BARTOW FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>P Corletta Clay</b>
3.3 STREET ADDRESS	<b>447 20th St.</b>
3.4 CITY-ST-ZIP	<b>West Palm Beach FL</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>T Shella O'Brien</b>
4.3 STREET ADDRESS	<b>3210 E. Lakeshore Dr.</b>
4.4 CITY-ST-ZIP	<b>Tallahassee FL</b>
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.

SIGNATURE: *X Shella O'Brien / Shella O'Brien* 4-13-98

CR2E037 (10/97)