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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N92000000425**

1. Corporation Name

SUNSHINE STATE TEACHERS OF ENGLISH TO SPEAKERS O F OTHER LANGUAGES (TESOL) OF FLORIDA, INC.

Principal Place of Business	Mailing Address
630 S. ORANGE AVE SUITE 103 SARASOTA FL 34236	630 S. ORANGE AVE SUITE 103 SARASOTA FL 34236

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/20/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1846978 ☐ 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 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GROGNET, ALLENE
630 S. ORANGE AVE
SUITE 103
SARASOTA FL 34236

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

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 Allene G. Grognet January 29, 1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JAMESON, JUDITH 9325 SW 1ST PL. GAINESVILLE FL 32607	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD MICHAEL KRAFT 1799 SE 17th St. Ft. Lauderdale, Fl. 33316	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KRAFT, MICHAEL 1799 SE 17TH ST. FT LAUDERDALE FL 33316	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD-I MARILYN SANTOS 519 Riverwood Circle ORLANDO, Fl 32825	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SANTOS, MARILYN 519 RIVERWOOD CIRCLE ORLANDO FL 32825	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	VD-II SANDRA MORGAN 24 Garden Mall Court Inglis, Fl. 34449	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GROGNET, ALLENE 630 S. ORANGE AVE. SUITE 103 SARASOTA FL 34236	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD GROGNET, ALLENE 630 S. ORANGE AVE, SUITE 103 SARASOTA, Fl 34236	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DUNLOP, KATHERINE 1701 PRUDENTIAL DR JACKSONVILLE FL 32207	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD Dunlop, Katherine 1701 Prudential Dr. Jacksonville, Fl. 32207	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Allene G. Grognet SIGNATURE REQUIRED Allene G. GROGNET 1/29/99 941-953-5387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #