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May 20 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 # N96000006211 (4)
1. Corporation Name
FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATORS' NETWORK, INC.



Principal Place of Business Mailing Address
PENSACOLA JUNIOR COLLEGE DEPT OF BEHAVIORA 1000 COLLEGE BOULEVARD PENSACOLA FL 32504
PENSACOLA JUNIOR COLLEGE DEPT OF BEHAVIORA 1000 COLLEGE BOULEVARD PENSACOLA FL 32504-8910

3. Date Incorporated or Qualified 12/06/1996 3a. Date of Last Report
4. FEI Number 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
9. Name and Address of Current Registered Agent
WERRE, BETSY
PENSACOLA JUNIOR COLLEGE
1000 COLLEGE BOULEVARD
PENSACOLA FL 32504
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 Betsy Werre Betsy Werre 3/6/97
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	<input type="checkbox"/> DELETE	1.1 TITLE	D. Sharen W. Halsall, Chair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Santa Fe Community College
STREET ADDRESS		1.3 STREET ADDRESS	3000 NW 83rd Street
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Gainesville, FL 32605
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Penny Luken, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Broward Community College
STREET ADDRESS		2.3 STREET ADDRESS	1000 Coconut Creek Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Coconut Creek, FL 33066
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	D. Cyndi S. Vensel, Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Manatee Community College
STREET ADDRESS		3.3 STREET ADDRESS	P. O. Box 1849, 5840 26th Street West
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Bradenton, FL 34206
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D. Elizabeth M. Werre <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Pensacola Junior College Immediate Past
STREET ADDRESS		4.3 STREET ADDRESS	1000 College Blvd. President
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Pensacola, FL 32504
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Cindy Jurie, Newsletter Editor <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Seminole Community College
STREET ADDRESS		5.3 STREET ADDRESS	100 Weldon Blvd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sanford, FL 32773
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(l), 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: Sharen W. Halsall, Ph.D., Chair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0901016

CR2E037 (9/96)