

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000006211 (4)
 1. Corporation Name
FLORIDA COMMUNITY COLLEGE EARLY CHILDHOOD EDUCATORS' NETWORK, INC.



Principal Place of Business PENSACOLA JUNIOR COLLEGE DEPT OF BEHAVIORA 1000 COLEGE BOULEVARD PENSACOLA FL 32504	Mailing Address PENSACOLA JUNIOR COLLEGE DEPT OF BEHAVIORA 1000 COLEGE BOULEVARD PENSACOLA FL 32504
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3. Date Incorporated or Qualified 12/06/1996	
4. FEI Number APPLIED FOR 59.3437446	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	29
25	30

9. Name and Address of Current Registered Agent

**WERRE, BETSY
PENSACOLA JUNIOR COLLEGE
1000 COLEGE 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	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: *E. M. W.* DATE: **3/12/98**

Signature of individual 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	NAME	1.1 TITLE	Change Addition
	D HALSALL, SHAREN W CHAIR SANTA FE CC, 3000 NW 83RD STREET GAINESVILLE FL 32605 32606	1.2 NAME	<input type="checkbox"/> <input type="checkbox"/>
	S LUKEN, PENNY BROWARD CC, 1000 COCONUT CREEK BLVD COCONUT CREEK FL 33086	1.3 STREET ADDRESS	
	DT VENSEL, CYNDI S PO BOX 1849, 5840 26TH STREET WEST BRADENTON FL 34206	1.4 CITY-ST-ZIP	
	D WERRE, ELIZABETH M IPP PENSACOLA JR C, 1000 COLLEGE BLVD PENSACOLA FL 32504	2.1 TITLE	<input type="checkbox"/> <input type="checkbox"/>
	E JURIE, CINDY 100 WELDON BLVD SANFORD FL 32773	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
		3.1 TITLE	<input type="checkbox"/> <input type="checkbox"/>
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> <input type="checkbox"/>
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> <input type="checkbox"/>
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> <input type="checkbox"/>
		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: *Elizabeth M. W.* DATE: **3/12/98** **850-484-1448**

CR2E037 (10/97)