

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90113 030 \*\*\*\*61.25

0077883

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------

**DOCUMENT # N96000006211**

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
--------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------

\* 3 5 3 3 0 3 0 3 1 3 - 3 0 4 \*



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/06/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3437446
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  WERRE, BETSY PENSACOLA JUNIOR COLLEGE 1000 COLEGE BOULEVARD PENSACOLA FL 32504	81 Name	10. Name and Address of New Registered Agent	
	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 Edgar M. W... DATE 3/25/99

Signature typed 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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Camerin, Elaine M., Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALSALL, SHAREN W CHAIR	1.2 NAME	Daytona Beach CC
STREET ADDRESS	SANTA FE CC, 3000 NW 83RD STREET	1.3 STREET ADDRESS	1200 W. International Speedway Blvd.
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	Daytona Beach, FL 32114
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUKEN, PENNY	2.2 NAME	JAMERSON, MARY
STREET ADDRESS	BROWARD CC, 1000 COCONUT CREEK BLVD	2.3 STREET ADDRESS	SFCC 3000 NW 83rd St.
CITY-ST-ZIP	COCONUT CREEK FL 33068	2.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	VENSEL, CYNDI S	3.2 NAME	
STREET ADDRESS	PO BOX 1849, 5840 26TH STREET WEST	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL 34206	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Past President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERRE, ELIZABETH M IPP	4.2 NAME	Halsall, Sharen W,
STREET ADDRESS	PENSACOLA JR C, 1000 COLLEGE BLVD	4.3 STREET ADDRESS	Santa Fe cc, 3000 NW 83rd St.
CITY-ST-ZIP	PENSACOLA FL 32504	4.4 CITY-ST-ZIP	Gainesville, FL 32606
TITLE	E <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	JURIE, CINDY	5.2 NAME	
STREET ADDRESS	100 WELDON BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32773	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Elaine M. Camerin SIGNATURE REQUIRED DATE March 26, 1999 (904) 255-8131 EXT 3737  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1/98)