


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90024 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34997

1. Corporation Name
FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDUCATION INC.

Principal Place of Business UNIVERSITY OF FLORIDA 3059-3061 WEINER HALL GAINESVILLE FL 32611-8400 US	Mailing Address UNIVERSITY OF FLORIDA P O BOX 118400 GAINESVILLE FL 36211-8400 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/07/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-6161619
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FELTON, JOHN W UNIVERSITY OF FLORIDA 3061 WEIMER HALL GAINESVILLE FL 32611		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 John W Felton, President DATE 1/14/99

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	VPT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, W. WARD	1.2 NAME	
STREET ADDRESS	720 E WISCONSIN AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MILWAUKEE WI 53202	1.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELTON, JOHN W	2.2 NAME	
STREET ADDRESS	UNIVERSITY OF FLORIDA 3061 WEIMER HALL	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRUNIG, LARISSA	3.2 NAME	
STREET ADDRESS	UNIVERSITY OF MARYLAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	COLLEGE PARK MD	3.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGEN, JOHN D	4.2 NAME	
STREET ADDRESS	11 STANWIX	4.3 STREET ADDRESS	1789 Wrightston Rd.
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	Newton, PA
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 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: [Signature] DATE 1/14/99 DAYTIME PHONE # 352/392-2850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)