

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra P. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 Jul 24 1996 8:00 am  
 Secretary of State

DOCUMENT # 743793 (2)  
 1. Corporation Name  
 FAMCO LEARNING AND DEVELOPMENT, INC.

Principal Place of Business Mailing Address  
 8671 LEM TURNER RD JACKSONVILLE FL 32208  
 8671 LEM TURNER RD. JACKSONVILLE FL 32208



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/03/1978	09/18/1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-1867609	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

DOZIER, WILENE  
 2421 GRAND ST.  
 JACKSONVILLE FL 32208

81 Name: Sheryl Williams-Bell  
 82 Street Address (P.O. Box Number is Not Acceptable): 8671 LEM TURNER Rd.  
 83  
 84 City: JACKSONVILLE FL 85 Zip Code: 32208

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: *Sheryl Williams-Bell* DATE: July 22, 1996  
 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	PD GUNDER, JOHN 11325 ISLAND SHORE DR. W. JACKSONVILLE FL	<input type="checkbox"/> DELETE	1.1 TITLE Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNDER, JERRIE F	<input checked="" type="checkbox"/> DELETE	1.2 NAME Sheryl Williams-Bell
STREET ADDRESS	11325 ISLAND SHORE DR. W.		1.3 STREET ADDRESS 8671 LEM TURNER ROAD
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP JACKSONVILLE, FL 32208
TITLE	SD GUNDER, JERRIE F	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUNDER, JERRIE F		2.2 NAME Sandra Thompson
STREET ADDRESS	11325 ISLAND SHORE DR. W.		2.3 STREET ADDRESS 8919 Fifth Ave.
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP JACKSONVILLE, FL 32208
TITLE	TD CUMMINGS, MARTHA	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME	CUMMINGS, MARTHA		3.2 NAME
STREET ADDRESS	1731 W. 5TH ST.		3.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP
TITLE	D DOZIER, WILENE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	DOZIER, WILENE		4.2 NAME
STREET ADDRESS	2421 GRAND ST.		4.3 STREET ADDRESS
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE 000001983148
NAME			5.2 NAME -07/24/96--01050--015
STREET ADDRESS			5.3 STREET ADDRESS ***61.25
CITY-ST-ZIP			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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Thompson* DATE: July 10, 1996 (904) 768-2760  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (3/96)