

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000001306 (7)**

1. Corporation Name

**THE FOUNDATION FOR CONCEPTS IN EDUCATION, INC.**

Principal Place of Business

Mailing Address

**770 E. ATLANTIC AVE.  
DELRAY BEACH FL 33483**

**770 E. ATLANTIC AVE.  
DELRAY BEACH FL 33483**



3. Date Incorporated or Qualified

**03/13/1996**

4. FEI Number

**65-0652535**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

6. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

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	PTD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KESSENICH, DIANE F		1.2 NAME	
STREET ADDRESS	2423 N. OCEAN BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	GULF STREAM FL 33483		1.4 CITY-ST-ZIP	
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEGEMAN, KATHRYN T		2.2 NAME	<b>VS</b>
STREET ADDRESS	BOX 702 EAST POND LANE		2.3 STREET ADDRESS	<b>HEGEMAN, KATHRYN T. NIA</b>
CITY-ST-ZIP	EASTPORT NY 11941		2.4 CITY-ST-ZIP	<b>BOX 702 EAST POND LANE, EASTPORT, NY</b>
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REAP SR, MARY		3.2 NAME	
STREET ADDRESS	2300 ADAMS AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	SERANTON PA		3.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	<b>D</b>
STREET ADDRESS			4.3 STREET ADDRESS	<b>JOHN L. O'BRIEN, ESQ.</b>
CITY-ST-ZIP			4.4 CITY-ST-ZIP	<b>333 N. OCEAN BLVD.</b>
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	<b>DEERFIELD BEACH, FL 33441</b>
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.

SIGNATURE:

*Diane F. Kessenich*

**Diane F. Kessenich**

**3/15/98**

**561-274-8084**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # (optional)

CR2E037 (10/97)