

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90019 046 ****61.25

DOCUMENT # 734679

1. Corporation Name

FLORIDA COUNCIL ON ECONOMIC EDUCATION, INC.

Principal Place of Business

1211 N WESTSHORE BLVD STE 300
TAMPA FL 33607

Mailing Address

1211 N WESTSHORE BLVD STE 300
TAMPA FL 33607



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/23/1975

4. FEI Number
59-1643458

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

FELL, DONALD G.
1211 N WESTSHORE STE 300
TAMPA FL 33607

10. Name and Address of New Registered Agent

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

TITLE CD
NAME JAMES, THOMAS A
STREET ADDRESS 880 CARILLON PKWY
CITY-ST-ZIP ST PETERSBURG FL ☒ DELETE

TITLE SD
NAME PEDDIE, EDWARD C
STREET ADDRESS 720 SW 2ND AVE
CITY-ST-ZIP GAINESVILLE FL ☐ DELETE

TITLE CD
NAME TOLLETTE, THOMAS A
STREET ADDRESS 201 N FRANKLIN ST #200
CITY-ST-ZIP TAMPA FL ☒ DELETE

TITLE P
NAME FELL, DONALD G.
STREET ADDRESS 16503 ASHWOOD DRIVE
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE TD
NAME HINES, GERALD A
STREET ADDRESS 8787 BAYPINE RD
CITY-ST-ZIP JACKSONVILLE FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CD ☐ Change ☒ Addition
1.2 NAME HOFFMAN, AL
1.3 STREET ADDRESS 24301 WALDEN CTR. DR.
1.4 CITY-ST-ZIP BONITA SPRINGS, FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE CD ☐ Change ☒ Addition
3.2 NAME SIMON, GEOFFREY A.
3.3 STREET ADDRESS 401 E. JACKSON ST. #2900
3.4 CITY-ST-ZIP TAMPA, FL 33602-5209

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE TD ☒ Change ☐ Addition
5.2 NAME HINES, GERALD A
5.3 STREET ADDRESS 11601 Roosevelt Blvd
5.4 CITY-ST-ZIP ST. PETERSBURG, FL

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 873-2898489

Date

Daytime Phone #

0049951

CR2E037 (11/98)