

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**Jun 10 1997 8:00am**  
**Secretary of State**

<p><b>NON PROFIT CORPORATION ANNUAL REPORT 1997</b></p>		<p>FLORIDA DEPARTMENT OF STATE  <b>Sandra B. Mortham</b>                  Secretary of State                  DIVISION OF CORPORATIONS</p>
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**DOCUMENT #** 701862  
 1. Corporation Name  
**FLORIDA EDUCATION ASSOCIATION, INC.**

Principal Place of Business <b>118 N. Monroe St.                  Tallahassee, Fl.                  32399-1700</b>	Mailing Address <b>118 N. Monroe St.                  Tallahassee, Fl.                  32399-1700</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	12/30/1960	01/29/1996
Suite, Apt. #, etc.		4. FEI Number	Applied For
22		59-0246333	Not Applicable
City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		<input type="checkbox"/>	
Zip		6. Election Campaign Financing	\$5.00 May Be Added to Fees
24	25	Trust Fund Contribution	<input type="checkbox"/>
Country	26	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
27	28	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29	30		

<b>9. Name and Address of Current Registered Agent</b>  Tornillo, Pat L. Jr. 118 North Monroe Street Tallahassee, Fl. 32399	<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P. O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gentile, Anthony J	1.2 NAME	
STREET ADDRESS	8026 NW 72nd St	1.3 STREET ADDRESS	
CITY-ST-ZIP	Tamarac, Fl.	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Burry, Gail B	2.2 NAME	
STREET ADDRESS	328 Sunnyside Dr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Leesburg, Fl.	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hodges, Velton	3.2 NAME	
STREET ADDRESS	455 Hidden Forest	3.3 STREET ADDRESS	
CITY-ST-ZIP	Sarasota, Fl.	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lee, Bob	4.2 NAME	
STREET ADDRESS	117 N. Monroe St	4.3 STREET ADDRESS	
CITY-ST-ZIP	Tallahassee, Fl.	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" 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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] Date: 6.6.97 Daytime Phone #: 224-1161

CR2E034 (9/96)