


FILE NOW: FILING FEE IS \$61.25

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

02-22-1999 90006 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701862
 1. Corporation Name
FLORIDA EDUCATION ASSOCIATION, INC.

Principal Place of Business 118 NORTH MONROE STREET TALLAHASSEE FL 32399-1700 US	Mailing Address 118 NORTH MONROE STREET TALLAHASSEE FL 32399-1700 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/30/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0246333 Applied For Not Applicable
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

9. Name and Address of Current Registered Agent TORNILLO, PAT L JR 118 NORTH MONROE ST. TALLAHASSEE FL 32399	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 _____ 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	GENTILE, ANTHONY J	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	8026 NW 72ND ST	1.2 NAME	
STREET ADDRESS	TAMARAC FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	MOODY, RITA	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RT 2 BOX 1363	2.2 NAME	
STREET ADDRESS	FT MCCOY FL 32637	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	FORD, ANDY	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1601 ATLANTIC BLVD	3.2 NAME	118 N. Monroe Street
STREET ADDRESS	JACKSONVILLE FL 32207	3.3 STREET ADDRESS	Tallahassee, FL 32399-1700
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	LEE, BOB	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	118 N MONROE ST	4.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 REQUIRED _____
Date: 1/6/99 Daytime Phone #: 224-1161

CR2E037 (1/1/98)