

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 702470

(6)

95 JUN 14 PM 3:31

1. Corporation Name

**THE EDUCATION AND RESEARCH FOUNDATION OF FLORIDA
INC.**

Principal Place of Business

Mailing Address

**4401 LAKESIDE DR #202
JACKSONVILLE FL 32210**

**4401 LAKESIDE DR #202
JACKSONVILLE FL 32210**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/24/1961

3a. Date of Last Report

01/24/1994

4. FEI Number

59-6155007

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ **FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 100.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

County

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, CECILIA A.
3337 ORTEGA FOREST DR.
JACKSONVILLE FL 32210**

81 Name

BRYANT, CECILIA A.

82

Street Address (P.O. Box Number is Not Acceptable)

4339 Ortega Forest Dr.

83

84

City

Jacksonville, FL

FL

85

Zip Code

32210

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

(If "I", Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

NAME

BRYANT, FARRIS

STREET ADDRESS

4401 LAKESIDE DR #202

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VD

NAME

RUFFIN, DR. WM C., JR.

STREET ADDRESS

2601 N.W. 7TH RD.

CITY - ST - ZIP

GAINESVILLE FL

TITLE

STD

NAME

PRITCHETT, ANETTE, MRS.

STREET ADDRESS

5000 SAN JOSE BLVD.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VD

NAME

BRYANT, CECILIA A.

STREET ADDRESS

3337 ORTEGA FOREST DR.

CITY - ST - ZIP

JACKSONVILLE FL

TITLE

VD

NAME

BRYANT, JULIA B.

STREET ADDRESS

4401 LAKESIDE DR #202

CITY - ST - ZIP

JACKSONVILLE FL

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(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 017, Florida Statutes, and that my name appears in Block 12 or (Block 13 if changed), or on an attachment with an address.

SIGNATURE:

Farris Bryant
President

SIGNATURE AND TYPED OR PRINTED NAME OF BO

**Farris Bryant
4401 Lakeside Drive #202
Jacksonville, FL 32210**

6/9/95

904-384-4708