	=								
	FILE N	IOW: FILIN	IG FE	E IS \$61.	25				_
e	NONPROFIT ORPORATION INUAL REPOR 1996	1988-1981 4 77		FLORIDA DEPARTI Sandra B. Secretary DIVISION OF CC	Mortham of State	_		/-	3
DOC 1. Corpor	UMENT #	713325		(9)					
FLO S' E	RIDA INSTITUTI EDUCATIONAL I	e of Certified Coundation, in	PUBLIC C.	CACCOUNTAN	T				
Principal P	Place of Business		Mailing	Address		•		ON DAN DIN EN)
325 W COLLEGE AVE			37						
US							 Date Incorporated or Qualified 09/11/1967 		of Last Report 109/1995
<u> </u>	al Place of Business			ling Address			4. FEI Number	L	Applied For
21			26				59-6152454		Not Applicable
22	\pt. #, etc.		27	e, Apt. #, etc.			5. Certificate of Status Desired	_ \$	8.75 Additional Fee Required
Oity & 5	State		City	& State			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
Zip	L,	Country	Zip		Country	'	8. This corporation has liability for in	ıtangible tax ur	nder s. 199.032,
24	25		29	3	0) Yes 🗌 No	
	9. Name and	Address of Current I	tegistered	J Agent		,	10. Name and Address of New Re	gistered Age	nt
					81	Name			
■ TURM	AAN, LLOYD A.				82	Street Add	dress (P.O. Box Number is Not Acceptable	al .	
325 \	N COLLEGE AVE					500000000000000000000000000000000000000		.,	
TALL	AHASSEE FL 3230	1			83				
					84	City		F-1 8:	5 Zip Code
or reg	istereo agent, or both	of Sections 617.0502 ar in the State of Florida obligations of, Section	Such char	nge was authorized t	he above-i by the corp	named corpo oration's boa	oxation submits this statement for the purp ard of directors. I hereby accept the appoi	ose of changin intment as regis	g its registered office stered agent. I am
SIGNATUR	•	obligations of occilor	J 11.0000	, Fiorida Glatutes.					
SIGNATUR		ed name of registered agent and	Little if applicat	ole (NOTE R	ugistered Ager	nt signature requir	ed when reinstating)	DATE	
12.		OFFICERS AND I	DIRECTOR		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIF	RÉCTORS IN 12

Min, and accept the obligations of, Section Of F. 6500, Horiza Statutes.						
SIGNATURE Signature, 1709d or profiled name of registered agent and liftle if applicable (NOTE Registered Agent singletyred Agent singletyred Agent singletyred agent and liftle if applicable (NOTE Registered Agent singletyred A						
12.	OFFICERS AND		OTE Rugistered Agent signature required when reinstating) 13. ADDITIONS/CHANGES TO OFFICE		DATE CERS AND DIRECTORS IN 12	_
TITLE		DELETE	1 1 TOTLE	ADDITIONS/GHANGES TO OFFIC		_
	D				Change Addition	
NAME	DENNISON, FAYETTE		1.2 NAME			
STREET ADDRESS	4300 BAYOU BLVD, S-21		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2 1 TITLE		☐ Change ☐ Addition	
NAME	SHIERLING, GEORGE E		2 2 NAME			
STREET ADDRESS	228 W NEW YORK AVE		2 3 STREET ADDRESS			
CITY - ST - ZIP	DELAND FL		2. 4 CITY - ST - ZIP			
TITLE	D	X]DELETE	3.1 TITLE	D	Change Addition	_
NAME	CAMPBELL, E.M. "JIM",JR.		3.2 NAME	O'Keefe, Daniel J.	•	
STREET ADDRESS	201 AVE G, SW		3.3 STREET ADDRESS	315 E. Robinson St	., Suite 690	
CITY-ST-ZIP	WINTER HAVEN FL		34 CITY-ST-ZIP	Orlando, Florida		
TITLE	PO-	DELETE	4.1 TITLE	D	Change	
NAME	TORRES, THOMAS		4. 2 NAME		•	
STREET ADDRESS	1800 ATLANTIC BLVD.		4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY - ST - ZIP			
TITLE	D	DELETE	51 TITLE		Change Addition	_
NAME	List, eddie h		5 2 NAME			
STREET ADDRESS	650 AZALEA LN, STE B		5 3 STREET ADDRESS	40000182	2624	
CITY - ST - ZIF	VERO BCH FL		5.4 CITY - ST - ZIP	-05/20/96010		
TITLE	ST	DELETE	6.1 TITLE	***61.25	Change Addition	
NAME	TURMAN, LLOYD A.		6.2 NAME		\mathcal{M}	
STREET ADDRESS	325 W. COLLEGE AVENUE		6 3 STREET ADDRESS		1, 34	
CITY-ST-ZIF	TALLAHASSEE FL		6.4 CITY - ST - ZIP		51	L

CITY-ST-ZIF

TALLAHASSEE FL

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is yountailly furnished and does not qualify for the exemption stated in Section 119.07(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 federiver of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or on a rataciment with an address.

SIGNATURE:

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-56 Date

Daytime Phone #

CORPORATION ANNUAL REPORT 1996 DOCUMENT #713325 (9)
Florida Institute of Certified Public Accountant

S' Educational Foundation, Inc.

#12 7.1 7.2 7.3 7.4	₩D Berry, Donald L. 801 Laurel Oak Drive, #303 Naples, Florida 33963	#13 P/D
8.1 8.2 8.3 8.4	D Burner, Barbara 255 Utopia Circle Merritt Island, Florida 32952	
9.1 9.2 9.3 9.4	D Deegan, Carol 4001 West Newberry Road, Suite A-4 Gainesville, Florida 32607	
10.1 10.2 10.3 10.4	617 East Colonial Drive	
	D Ford, William A. 1005 Kane Concourse Bal Harbour, Florida 33154	
12.1 12.2 12.3 12.4	D Gandy, Bonnie 6766 Circle J. Road Tallahassee, Florida 32312	2727 Apalachee Parkway 32301
13.1 13.2 13.3 13.4		D Strauss, Kenneth J. 97955 Dixie Highway Miami, Florida 33156
14.1 14.2 14.3 14.4	D Garrison, Joseph E. 2233 Nursery Road Clearwater, Florida 34624	P.O. Box 1221 Dunedin, Florida 34697
15.1 15.2 15.3 15.4	D Dooner, Louis 113 North Madison Quincy, Florida 32351	D Riggs III, Charles D. 2111 Drew Street Clearwater, Florida 34618

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S' Educational Foundation, Inc.

<u>#12</u>		<u>#13</u>
	D Gund Jr, Charles 900 North 12 Avenue Pensacola, Florida 32591	
	D Niles Jr., Jack D. 2432 Flagler Avenue Key West, Florida 33045	P.O. Box 5905
18.1	Ð	V/D
	Thompkins, Ronald 520 NW 165 Street Road, Suite 205 North Miami Beach, Florida 33169	500 NW 165 Street Road, Suite 205 Miami, Florida 33169
	Prague, Martin M. 545 North Park Avenue	
	D Ulrich, Richard G. 100 Second Avenue South, Suite 606 St. Petersburg, Florida 33701	
	D Wainberg, Salomon 2121 Ponce De Leon Blvd., #1100 Coral Gables, Florida 33134	
22.1 22.2 22.3 22.4	· · · · · · · · · · · · · · · · · · ·	