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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 713325					
1. Corporation Name FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANT S' EDUCATIONAL FOUNDATION, INC.					
Principal Place of Business 325 W COLLEGE AVE P.O. BOX 5437 TALLAHASSEE FL 32301 US			Mailing Address 325 W COLLEGE AVE P.O. BOX 5437 TALLAHASSEE FL 32314-5437		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/11/1967	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6152454	
City & State		City & State		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TURMAN, LLOYD A. 325 W COLLEGE AVE TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 *Lloyd A. Turman* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		1.1 TITLE	☐ 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	☐ DELETE		3.1 TITLE	☐ Change ☐ Addition		
NAME	O'KEEFE, DANIEL J			3.2 NAME			
STREET ADDRESS	315 E. ROBINSON ST., SUITE 690			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL 32802			3.4 CITY-ST-ZIP			
TITLE	D	☐ DELETE		4.1 TITLE	☐ Change ☐ Addition		
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	P	☐ DELETE		5.1 TITLE	☐ Change ☐ Addition		
NAME	LIST, EDDIE H			5.2 NAME			
STREET ADDRESS	815 BEACHLAND BLVD			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL 32963			5.4 CITY-ST-ZIP			
TITLE	ST	☐ DELETE		6.1 TITLE	☐ Change ☐ Addition		
NAME	TURMAN, LLOYD A.			6.2 NAME			
STREET ADDRESS	325 W. COLLEGE AVENUE			6.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL			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: *Lloyd A. Turman* REQUIRED 2/25/99 850-224-2727
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)

NON PROFIT CORPORATION REPORT

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