

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768296 (6)

1. Corporation Name

FRANK PETERSON VOCATIONAL EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

2315 IVYLGAIL DRIVE EAST
JACKSONVILLE FL 32225

2315 IVYLGAIL DRIVE EAST
JACKSONVILLE FL 32225

APPROVED AND FILED
95 APR 17 PM 4:15
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/05/1983	3a. Date of Last Report 04/05/1994
4. FEI Number 59-2637245	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEAL, KEITH M.
101 BARNETT REGENCY TOWER
JACKSONVILLE FL 32211**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCINNIS, EDWIN L
STREET ADDRESS	4709 MARSH HAMMOCK DR EAST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	MILLS, ERIC R
STREET ADDRESS	5007 DIAN WOOD DR EAST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	JOHNSTON, RICHARD E
STREET ADDRESS	56 DUFFERIN ST
CITY - ST - ZIP	ST AUGUSTINE FL
TITLE	VD
NAME	RIGSBY, DAVID
STREET ADDRESS	8417 SANCHEZ ROAD
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	GIBSON, HAROLD
STREET ADDRESS	5133 SOUTEL DRIVE
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	D
NAME	COSBY, JON P.
STREET ADDRESS	12934 DEEP LAGOON PLACE E
CITY - ST - ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PETERSON, RENA	
13 STREET ADDRESS	6263 POTTSBURG PLANATION BLVD.	
14 CITY - ST - ZIP	JACKSONVILLE FL	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	HOLECHER, JOHN F	
23 STREET ADDRESS	1701 PRUDENTIAL DRIVE, 3RD FLOOR	
24 CITY - ST - ZIP	JACKSONVILLE, FL	
31 TITLE	D S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	AUSTELL, JEAN	
33 STREET ADDRESS	2315 IVYLGAIL DRIVE EAST	
34 CITY - ST - ZIP	JACKSONVILLE, FL	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 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:

Jean W. Austell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-95

390-2046

Date

Daytime Phone #