

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 768296 (6)

1. Corporation Name

FRANK PETERSON VOCATIONAL EDUCATION FOUNDATION,
INC.



Principal Place of Business

2315 IVYLGAIL DRIVE EAST
JACKSONVILLE FL 32225

Mailing Address

2315 IVYLGAIL DRIVE EAST
JACKSONVILLE FL 32225

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

05/05/1983

3a. Date of Last Report

04/17/1995

4. FEI Number

59-2637245

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

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 Type: For principal of registered agent or the applicant

Office: Registered Agent signature and production number

DATE

12. OFFICERS AND DIRECTORS

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

13.

11. TITLE	D	☐ Change ☐ Addition
12. NAME	PETERSON, RENA	
13. STREET ADDRESS	6263 Pottoburg Plantation Blvd.	
14. CITY- ST- ZIP	JACKSONVILLE FL	
21. TITLE	D	☐ Change ☐ Addition
22. NAME	Molecheck, John F	
23. STREET ADDRESS	1701 PRUDENTIAL DR. 3rd FL	
24. CITY- ST- ZIP	JACKSONVILLE FL	
31. TITLE	D	☒ Change ☐ Addition
32. NAME	JOHNSTON, Richard E	
33. STREET ADDRESS	33 MANRESSA RD	
34. CITY- ST- ZIP	St. Augustine FL	
41. TITLE	D SIT	☐ Change ☐ Addition
42. NAME	Austell, Jean	
43. STREET ADDRESS	2315 Ivylgail Dr. E	
44. CITY- ST- ZIP	JACKSONVILLE FL 32225	
51. TITLE		☐ Change ☐ Addition
52. NAME		
53. STREET ADDRESS		
54. CITY- ST- ZIP		
61. TITLE		☐ Change ☐ 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 617, 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

3-5-96

904.390.2046

CR2E037 (12/95)