


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **768296** (6)

1. Corporation Name

FRANK PETERSON VOCATIONAL EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2315 IVYLAKE DRIVE EAST
JACKSONVILLE FL 32225**

**2315 IVYLAKE DRIVE EAST
JACKSONVILLE FL 32225**

3. Date Incorporated or Qualified

05/05/1983

4. FEI Number

59-2637245

Applied For

Not Applicable

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**

01 Name

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

03

04 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **MCINNIS, EDWIN L**
STREET ADDRESS **4709 MARSH HAMMOCK DR EAST**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Peterson, Lena**
1.3 STREET ADDRESS **6263 Pottsborg Plantation Blvd**
1.4 CITY-ST-ZIP **Jacksonville FL 32216**

TITLE **D** ☐ DELETE
NAME **MILLS, ERIC R**
STREET ADDRESS **5007 DIAN WOOD DR EAST**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Molechle John P**
2.3 STREET ADDRESS **1701 Paudalra Dr**
2.4 CITY-ST-ZIP **Jacksonville FL 32207**

TITLE **D** ☐ DELETE
NAME **JOHNSTON, RICHARD E**
STREET ADDRESS **33 MANRESA ROAD**
CITY-ST-ZIP **ST AUGUSTINE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **Jean S/T**
3.3 STREET ADDRESS **Dr Austell, Jean**
3.4 CITY-ST-ZIP **2315 Ivylake Dr E Jacksonville FL 32225**

TITLE **VD** ☐ DELETE
NAME **RIGSBY, DAVID**
STREET ADDRESS **8417 SANCHEZ ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **GIBSON, HAROLD**
STREET ADDRESS **5133 SOUTEL DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **COSBY, JON P.**
STREET ADDRESS **12934 DEEP LAGOON PLACE E**
CITY-ST-ZIP **JACKSONVILLE FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

[Handwritten Signature]

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CR2E037 (10/97)