

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **769622** (2)
1. Corporation Name
BENJAMIN FRANKLIN EDUCATION FOUNDATION, INC.



Principal Place of Business Mailing Address
PRINTING ASSOCIATES OF FL., INC.
6095 N.W. 167TH ST., UNIT D-7 ATTN:J.STAMO
HIALEAH FL 33015

3. Date Incorporated or Qualified **07/29/1983** 3a. Date of Last Report **10/03/1995**
4. FEI Number **59-2366123** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

DULBERG, ROBERT A.
100 SE 2ND STREET
21ST FLOOR
MIAMI FL 33131

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, 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	TD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWERSOX, BILL	1.2 NAME	MIKE WALTER
STREET ADDRESS	505 GOBSON	1.3 STREET ADDRESS	5294 ST. AUGUSTINE RD
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHILDS, JOHN	2.2 NAME	DON DUNCANSON
STREET ADDRESS	1540 NE WALDO RD	2.3 STREET ADDRESS	1182 NW 159 DRIVE
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	MIAMI, FL 33169
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STREIBIG, MICHAEL H	3.2 NAME	
STREET ADDRESS	6095 NW 167 STREET, D7	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 unchanged, or on an attachment with an address.

SIGNATURE:

Michael H. Streibig
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/96
Date

(305) 558-4855
Daytime Phone #

CR2E037 (12/95)