


FILE NOW: FILING FEE IS \$61.25

FILED

May 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02321** (0)  
1. Corporation Name  
**ST. JOHNS PUBLIC EDUCATION FOUNDATION, INC.**



Principal Place of Business <b>100 TPC BOULEVARD PONTE VEDRA BEACH FL 32082</b>	Mailing Address <b>100 TPC BOULEVARD PONTE VEDRA BEACH FL 32082-3046</b>
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3. Date Incorporated or Qualified <b>04/02/1984</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2485696</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOWERS, RICHARD  
100 TPC BOULEVARD  
PONTE VEDRA BEACH FL 32082**

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

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOENER, MARILYN</b>	1.2 NAME	
STREET ADDRESS	<b>P.O. BOX 651 N/A</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32004</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOWERS, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>100 TPC BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLETCHER, JEROME S.</b>	3.2 NAME	
STREET ADDRESS	<b>918 SPINNAKERS REACH</b>	3.3 STREET ADDRESS	<b>P O Box 1219 N/A</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL</b>	3.4 CITY-ST-ZIP	<b>Zip 32082</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, ANDREA E</b>	4.2 NAME	
STREET ADDRESS	<b>100 TPC BLVD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BCH FL</b>	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 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: *Richard Bowers* **REQUIRED** 4/25/97 904-285-3700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0001187

CR2E037 (9/96)