

FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</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</b>
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3. Date Incorporated or Qualified <b>04/02/1984</b>	
4. FEI Number <b>59-2485696</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>100 PGA TOUR Blvd.</b> Suite, Apt. #, etc. 22 City & State 23 <b>Ponte Vedra Beach, FL</b> Zip 24 <b>32082</b>	2a. Mailing Address 26 <b>100 PGA TOUR Blvd.</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ponte Vedra Beach, FL</b> Zip 29 <b>32082</b>
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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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BOWERS, RICHARD 100 TPC BOULEVARD PONTE VEDRA BEACH FL 32082</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) <b>100 PGA TOUR Blvd.</b> 83 84 City <b>FL</b> 85 Zip Code
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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	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PD HOENER, MARILYN</b>
STREET ADDRESS	<b>P.O. BOX 651 N/A</b>
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL 32004</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>VD BOWERS, RICHARD</b>
STREET ADDRESS	<b>100 TPC BLVD</b>
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D FLETCHER, JEROME S.</b>
STREET ADDRESS	<b>P.O. BOX 1219 N/A</b>
CITY - ST - ZIP	<b>PONTE VEDRA BEACH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>ST KING, ANDREA E</b>
STREET ADDRESS	<b>100 TPC BLVD</b>
CITY - ST - ZIP	<b>PONTE VEDRA BCH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>100 PGA TOUR BLVD.</b>
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>PGA TOUR BLVD.</b>
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  REQUIRED

4/28/97 (904) 285-3700

CR2E037 (10/97)