

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 # N05415 (7)

1. Corporation Name

THE FLORIDA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address

% MARSHALL D. PLATT
4601 SHERIDAN ST. 5TH FL.
HOLLYWOOD FL 33021

% MARSHALL D. PLATT
4601 SHERIDAN ST. 5TH FL.
HOLLYWOOD FL 33021



3. Date Incorporated or Qualified
10/01/1984

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 1388 Gallinule Circle
Suite, Apt. #, etc.

2a. Mailing Address
26 1388 Gallinule Cir
Suite, Apt. #, etc.

4. FEI Number
59-2659697

Applied For
Not Applicable

22 City & State
23 Delray Beach FL

27 City & State
28 Delray Beach FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
25 33444

29 Zip
30 33444

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PLATT, MARSHALL DOUGLAS
4601 SHERIDAN ST. FIFTH FLOOR
HOLLYWOOD FL 33021

William R Wilson
1388 Gallinule Circle
Delray Beach, FL
33444

81 Name Rick A. Colegrove
82 Street Address (P.O. Box Number is Not Acceptable)
83 701 W. 1st Street
84 City Sanford FL 85 Zip Code 32771

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, to 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 *William R Wilson* *William R Wilson* 4/25/96
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 type="checkbox"/> DELETE |
| NAME | HUNT, G. LAWRENCE | |
| STREET ADDRESS | 1814-B LANDING DR. | |
| CITY - ST - ZIP | SANFORD FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | GLENDINNING, RUSSELL B. | |
| STREET ADDRESS | 2915 BUCIDA DRIVE | |
| CITY - ST - ZIP | SARASOTA FL | |
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | WILSON, WILLIAM R. | |
| STREET ADDRESS | 1388 GALLINULE CIR. | |
| CITY - ST - ZIP | DELRAY BEACH FL | |
| TITLE | VPD | <input type="checkbox"/> DELETE |
| NAME | WARDELL, GORDON | |
| STREET ADDRESS | 1685 WEST BAY DRIVE | |
| CITY - ST - ZIP | LARGO FL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | DEESE, JOHN | |
| STREET ADDRESS | 3469 SUMMIT BLVD. | |
| CITY - ST - ZIP | W. PALM BCH. FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARTI, WILLIAM | |
| STREET ADDRESS | 2105 S. STATE RD. 7 | |
| CITY - ST - ZIP | HOLLYWOOD FL | |

| | | |
|---------------------|----|--|
| 1.1 TITLE | TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 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 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: *William R Wilson* 4/25/96 407 243 3929
Signature and typed or printed name of signing officer or director Date Daytime Phone

CR2E037 (12/95)