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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
1388 GALLINOLE CIRCLE DELRAY BEACH FL 33444 US	1388 GALLINOLE CIRCLE DELRAY BEACH FL 33444-3307 US

3. Date Incorporated or Qualified: 10/01/1984
3a. Date of Last Report: 05/15/1996

2. Principal Place of Business
21 2919 BUCIDA DR
Suite, Apt. #, etc. 22
City & State 23 SARASOTA FL
Zip 24 34232 Country 25

2a. Mailing Address
26 2919 BUCIDA DR
Suite, Apt. #, etc. 27
City & State 28 SARASOTA FL
Zip 29 34232 Country 30

4. FEI Number: 59-2659697 ☐ Applied For ☐ Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

WILSON, WILLIAM R.
1388 GALLINOLE CIRCLE
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

81 Name: RUSSELL B. GLENDINNING
82 Street Address (P.O. Box Number is Not Acceptable): 2919 BUCIDA DR
83
84 City: SARASOTA FL 85 Zip Code: 34232

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 617.0508, Florida Statutes.

SIGNATURE: [signature] RUSSELL B. GLENDINNING, BD 4-21-97
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	☐ DELETE	1.1 TITLE	PID	☒ Change ☐ Addition
NAME	HUNT, G. LAWRENCE		1.2 NAME	HUNT, G. LAWRENCE	
STREET ADDRESS	1814-B LANDING DR.		1.3 STREET ADDRESS	1814-B LANDING DR	
CITY-ST-ZIP	SANFORD FL		1.4 CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GLENDINNING, RUSSELL B.		2.2 NAME		
STREET ADDRESS	2915 BUCIDA DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	TID	☒ Change ☐ Addition
NAME	WILSON, WILLIAM R.		3.2 NAME	WILSON, WILLIAM R.	
STREET ADDRESS	1388 GALLINULE CIR.		3.3 STREET ADDRESS	1388 GALLINULE CIR	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VPD	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WARDELL, GORDON		4.2 NAME	COUTURE, JACRUE A	
STREET ADDRESS	1685 WEST BAY DRIVE		4.3 STREET ADDRESS	5818 ANDREA BLVD	
CITY-ST-ZIP	LARGO FL		4.4 CITY-ST-ZIP	ORLANDO FL 32807	
TITLE	D	☐ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MARTI, WILLIAM		5.2 NAME	ESCHRICH, DAVID A	
STREET ADDRESS	2105 S. STATE RD.7		5.3 STREET ADDRESS	917 HAYMARKET DR	
CITY-ST-ZIP	HOLLYWOOD FL		5.4 CITY-ST-ZIP	LAKELAND FL 33809	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

(941)961-4498

SIGNATURE: [signature] RUSSELL B. GLENDINNING 4-21-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0043107