

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05415** (7)  
1. Corporation Name

**THE FLORIDA EDUCATIONAL FOUNDATION, INC.**

Principal Place of Business <b>2915 BUCIDA DR. SARASOTA FL 34232 US</b>	Mailing Address <b>2915 BUCIDA DR. SARASOTA FL 34232 US</b>
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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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3. Date Incorporated or Qualified <b>10/01/1984</b>	4. FEI Number <b>59-2659697</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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year's tangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>GLENDINNING, RUSSELL B 2915 BUCIDA DR. SARASOTA FL 34232</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	HUNT, G. LAWRENCE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1814-B LANDING DR.		1.3 STREET ADDRESS	
SANFORD FL		1.4 CITY - ST - ZIP	
SD	GLENDINNING, RUSSELL B.	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2915 BUCIDA DRIVE		2.2 NAME	<b>D MARTI, WILLIAM A</b>
SARASOTA FL		2.3 STREET ADDRESS	<b>5809 VAN BUREN ST.</b>
TD	WILSON, WILLIAM R.	2.4 CITY - ST - ZIP	<b>HOLLYWOOD FL 33021</b>
1388 GALLINULE CIR.		3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
DELRAY BEACH FL		3.2 NAME	<b>CRAMER, ROBERT</b>
D	COUTURE, JACQUE A	3.3 STREET ADDRESS	<b>2104 TUSCARORA TR</b>
5318 ANDREA BLVD.		3.4 CITY - ST - ZIP	<b>MAITLAND FL 32751</b>
ORLANDO FL		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	ESCHRICH, DAVID A	4.2 NAME	
917 HAYMARKET DR.		4.3 STREET ADDRESS	
LAKELAND FL		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 supplied with the 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 its 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 or both, or in an attachment with an address.

SIGNATURE: **B. B. GLENDINNING** 1/10/98 (941) 371-3320