

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90032 003 ****61.25

DOCUMENT # N05415

1. Corporation Name

THE FLORIDA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

2915 BUCIDA DR.
SARASOTA FL 34232
US

Mailing Address

2915 BUCIDA DR.
SARASOTA FL 34232
US

153216 90032 3



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

10/01/1984

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

9. Name and Address of Current Registered Agent

GLENDINNING, RUSSELL B
2915 BUCIDA DR.
SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HUNT, G. LAWRENCE
STREET ADDRESS 1814-B LANDING DR.
CITY-ST-ZIP SANFORD FL

TITLE SD
NAME GLENDINNING, RUSSELL B.
STREET ADDRESS 2915 BUCIDA DRIVE
CITY-ST-ZIP SARASOTA FL

TITLE TD
NAME WILSON, WILLIAM R.
STREET ADDRESS 1388 GALLINULE CIR.
CITY-ST-ZIP DELRAY BEACH FL

TITLE D
NAME COUTURE, JACQUE A
STREET ADDRESS 5318 ANDREA BLVD.
CITY-ST-ZIP ORLANDO FL

TITLE D
NAME ESCHRICH, DAVID A
STREET ADDRESS 917 HAYMARKET DR.
CITY-ST-ZIP LAKE LAND FL

TITLE D
NAME MARTI, WILLIAM A
STREET ADDRESS 5509 VAN BUREN ST
CITY-ST-ZIP HOLLYWOOD FL 33021

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D
1.2 NAME COLSON, DAVID H.
1.3 STREET ADDRESS 3438 SUNBEAM RD, SUITE 1
1.4 CITY-ST-ZIP JACKSONVILLE FL 32257

2.1 TITLE D
2.2 NAME PECK, WARREN B.
2.3 STREET ADDRESS 14734 CAPRI RD.
2.4 CITY-ST-ZIP ORLANDO, FL 32832

3.1 TITLE D
3.2 NAME CRAMER, ROBERT
3.3 STREET ADDRESS 2104 TUSCARORA TR
3.4 CITY-ST-ZIP MAITLAND FL 32751

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GLENDINNING, RUSSELL B
1/24/99 (441) 314-9977

CR2E037 (1/98)