

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08500 (3)

1. Corporation Name
FLORIDA EDUCATION FOUNDATION, INC.



Principal Place of Business Mailing Address
325 W. GAINES STREET 325 W. GAINES STREET
126 FLORIDA EDUCATION CENTER 126 FLORIDA EDUCATION CENTER
TALLAHASSEE FL 32399-0400 TALLAHASSEE FL 32399-0400

3. Date Incorporated or Qualified **04/02/1985** 3a. Date of Last Report **05/18/1995**

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 **32399-0400** 25 29 **32399-0400** 30

4. FEI Number **59-2718509** 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
~~MEYER, JUDY F~~
325 WEST GAINES STREET
126 FLORIDA EDUCATION CENTER
TALLAHASSEE FL 32399-0400

10. Name and Address of New Registered Agent
 81 Name **Joyce Hobson**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code **32399-0400**

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 *Joyce A. Hobson* (NOTE: Registered Agent signature required when reinstating) DATE **6-25-96**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BATT, DAVID | 1.2 NAME | |
| STREET ADDRESS | 215 S. MONROE #830 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL | 1.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | VOSS, DAVID | 2.2 NAME | |
| STREET ADDRESS | 7650 COURTNEY CAMPBELL CAUSEWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33607 | 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | BROWER, RON | 3.2 NAME | |
| STREET ADDRESS | 106 E COLLEGE #1440 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TALLAHASSEE FL 32301 | 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE | P <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | President |
| NAME | GREENFIELD, ARNOLD | 4.2 NAME | Dominic Calabro |
| STREET ADDRESS | 3194 VIA ABITAR | 4.3 STREET ADDRESS | 1114 Thomasville Rd. |
| CITY-ST-ZIP | COCONUT GROVE FL 33133 | 4.4 CITY-ST-ZIP | Tallahassee, FL 32302 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *Dominic M. Calabro* Date **June 25, 1996** Daytime Phone # **(904) 222-5052**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Dominic M. Calabro** 0002951

CR2E037 (3/96)