


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 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 # N08500 (3)**  
 1. Corporation Name  
**FLORIDA EDUCATION FOUNDATION, INC.**



Principal Place of Business 325 W. GAINES STREET 126 FLORIDA EDUCATION CENTER TALLAHASSEE FL 32399-0400 US	Mailing Address 325 W. GAINES STREET 126 FLORIDA EDUCATION CENTER TALLAHASSEE FL 32399-0400 US
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3. Date Incorporated or Qualified  
**04/02/1985**

4. FEI Number <b>59-2718509</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**MCFADDEN, LIZA  
325 W GAINES ST  
SUITE 126  
TALLAHASSEE FL 32399-0400**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>BATT, DAVID</b>
STREET ADDRESS	<b>215 S. MONROE #830</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VOSS, DAVID</b>
STREET ADDRESS	<b>7650 COURTNEY CAMPBELL CAUSEWAY</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>BROWER, RON</b>
STREET ADDRESS	<b>106 E COLLEGE #1440</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CALABRO, DOMINIC</b>
STREET ADDRESS	<b>1114 THOMASVILLE ROAD</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>215 S. Monroe #703</b>
1.4 CITY-ST-ZIP	<b>Tallahassee, FL, 32301</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>913 Kingscote Ct.</b>
2.4 CITY-ST-ZIP	<b>Tampa, FL, 34695</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>5395 Penbridge Pl.</b>
3.4 CITY-ST-ZIP	<b>Tallahassee, FL, 32308</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	<b>Tallahassee, FL, 32302</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Joyce A. Hobson</b>
5.3 STREET ADDRESS	<b>325 W. Gaines St., Suite 914</b>
5.4 CITY-ST-ZIP	<b>Tallahassee, FL, 32399-0400</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>A. Dano Davis</b>
6.3 STREET ADDRESS	<b>5050 Edgewood Ct.</b>
6.4 CITY-ST-ZIP	<b>Jacksonville, FL, 32202</b>

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.

SIGNATURE: *[Signature]* **REQUIRED** Jan 6, 1998

CR2E037 (10/97)