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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N08500** (3)

1. Corporation Name

FLORIDA EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

325 W. GAINES STREET
126 FLORIDA EDUCATION CENTER
TALLAHASSEE FL 32399-0400
US

325 W. GAINES STREET
126 FLORIDA EDUCATION CENTER
TALLAHASSEE FL 32399-0400
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

04/02/1985

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

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

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME **D**
BATT, DAVID
STREET ADDRESS **215 S. MONROE #830**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME **D**
VOSS, DAVID
STREET ADDRESS **7650 COURTNEY CAMPBELL CAUSEWAY**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ DELETE

NAME **T**
BROWER, RON
STREET ADDRESS **106 E COLLEGE #1440**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE ☐ DELETE

NAME **P**
CALABRO, DOMINIC
STREET ADDRESS **1114 THOMASVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS **215 S. Monroe #703**
1.4 CITY-ST-ZIP **Tallahassee, FL 32301**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **913 Kingscote Ct.**
2.4 CITY-ST-ZIP **Tampa, FL 34695**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **5395 Penbridge Pl.**
3.4 CITY-ST-ZIP **Tallahassee, FL 32308**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **Tallahassee, FL 32302**

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME **D**
Joyce A. Hobson
5.3 STREET ADDRESS **325 W. Gaines St., Suite 914**
5.4 CITY-ST-ZIP **Tallahassee, FL 32399-0400**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **C**
A. Dano Davis
6.3 STREET ADDRESS **5050 Edgewood Ct.**
6.4 CITY-ST-ZIP **Jacksonville, FL 32202**

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)