

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N08500

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

FILED  
99 JUL 13 AM 8:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		04/02/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2718509	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24		29			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name Tom Zutell  
82 Street Address (P.O. Box Number is Not Acceptable) 325 W. Gaines St.  
83 Room 126  
84 City Tallahassee 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 ST #703	1.3 STREET ADDRESS	400002932034--4
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	-07/15/99--01039--011
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	*****70.00 *****00.00
NAME	VOSS, DAVID	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	913 KINGSCOTE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 34695	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWER, RON	3.2 NAME	
STREET ADDRESS	5395 PEMBRIDGE PL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	3.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALABRO, DOMINIC	4.2 NAME	
STREET ADDRESS	1114 THOMASVILLE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32302	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOBSON, JOCE A	5.2 NAME	
STREET ADDRESS	325 W GAINES ST SUITE 914	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32399	5.4 CITY-ST-ZIP	
TITLE	C <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, A DANO	6.2 NAME	
STREET ADDRESS	5050 EDGEWOOD CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202	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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-99

850-488-8385

CR2E037 (5/99)