

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N11602 (2)**
1. Corporation Name

DUVAL PUBLIC EDUCATION FOUNDATION, INC.

4019 Boulevard Center Drive, Bldg. B, 2nd Floor



Principal Place of Business	Mailing Address
4701 PRUDENTIAL DRIVE SIXTH FLOOR JACKSONVILLE FL 32207	1701 PRUDENTIAL DRIVE SIXTH FLOOR JACKSONVILLE FL 32207

2. Principal Place of Business	2a. Mailing Address
21 4019 Blvd. Ctr. Drive	26 4019 Blvd. Ctr. Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Bldg. B, 2nd Floor	27 Bldg. B, 2nd Floor
City & State	City & State
23 Jacksonville, FL	28 Jacksonville, FL
Zip	Country
24 32207	25 Duval
Zip	Country
29 32207	30 Duval

3. Date Incorporated or Qualified	3a. Date of Last Report
10/15/1985	04/26/1995
4. FEI Number	Applied For
59-2756660	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FLEETWOOD, JANE 5934 RICHARD STREET JACKSONVILLE FL 32216	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's signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEETWOOD, JANE	1.2 NAME	
STREET ADDRESS	5934 RICHARD STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOLLEN, GLENN	2.2 NAME	Kaye Simonetta
STREET ADDRESS	ANTHEM, 10199 SOUTHSIDE BLVD. SUITE 301	2.3 STREET ADDRESS	10107 Scott Mill Road
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	Jacksonville FL 32257
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEWART, MICHAEL	3.2 NAME	
STREET ADDRESS	301 W BAY ST STE 2800	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	3.4 CITY - ST - ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, JAY	4.2 NAME	Larry M. Matheny, Jr.
STREET ADDRESS	4020 UNIVERSITY BLVD. CT.	4.3 STREET ADDRESS	701 Fisk St., Ste. 200
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	Jacksonville, FL 32204
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: Jane R. Fleetwood **5/1/96** **(904) 739-3827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Jane R. Fleetwood, Chairman

CR2E037 (12/95)