


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N16570					
1. Corporation Name BENEVOLENCE THROUGH EDUCATION, INC.					
Principal Place of Business % 445 NORTH GRANDVIEW AVENUE C/O CLIFF B. GOSNEY, JR. DAYTONA BEACH FL 32118-0807			Mailing Address % 445 NORTH GRANDVIEW AVENUE C/O CLIFF B. GOSNEY, JR. DAYTONA BEACH FL 32118-0807		

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2. Principal Place of Business 21 CLIFF B. GOSNEY, JR. Suite, Apt., etc. P.O. Box 291850 City Port Orange, FL 32129-1850		2a. Mailing Address 26 CLIFF B. GOSNEY, JR. Suite, Apt., etc. P.O. Box 291850 City Port Orange, FL 32129-1850		3. Date Incorporated or Qualified 08/28/1986	
22 Port Orange, FL 32129-1850		27 Port Orange, FL 32129-1850		4. FEI Number 59-2726311	
23 Port Orange, FL 32129-1850		28 Port Orange, FL 32129-1850		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Port Orange, FL 32129-1850		29 Port Orange, FL 32129-1850		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GOSNEY, CLIFF B., JR. 445 NORTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118				10. Name and Address of New Registered Agent 81 Name CLIFF B. GOSNEY, JR. 82 Street Address (P.O. Box Number is Not Acceptable) P.O. Box 291850 83 Port Orange, FL 32129-1850 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	ALLEN, ISABEL	1.1 TITLE		1.2 NAME	
STREET ADDRESS	8 SUTTER COURT	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP		2.1 TITLE	
CITY-ST-ZIP	DAYTONA BEACH FL	2.2 NAME		2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
TITLE	D	NAME	GOSNEY, PATRICIA	3.1 TITLE		3.2 NAME	
STREET ADDRESS	120 PONCE DE LEON CIRCLE	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		4.1 TITLE	
CITY-ST-ZIP	PONCE-INLET FL	4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
TITLE	DP	NAME	GOSNEY, CLIFF B.	5.1 TITLE		5.2 NAME	
STREET ADDRESS	120 PONGE DE LEON CIRCLE	5.3 STREET ADDRESS		5.4 CITY-ST-ZIP		6.1 TITLE	
CITY-ST-ZIP	PONCE-INLET FL	6.2 NAME		6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	
TITLE		NAME					
STREET ADDRESS							
CITY-ST-ZIP							
TITLE		NAME					
STREET ADDRESS							
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 REQUIRED

JAN 11 99 (904) 767 5573

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)