

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 14

DOCUMENT # N24422 (0)
1. Corporation Name
FLORIDA EDUCATIONAL RESEARCH COUNCIL, INC.

Principal Place of Business Mailing Address
3366 BARRA CIRCLE 3366 BARRA CIRCLE
P.O. BOX 506 P.O. BOX 506
SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1988 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0030390 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COUNCIL, CHARLIE T.
3366 BARRA CIRCLE
SANIBEL ISLAND FL 33957

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME HABGOOD, MARY KAY
STREET ADDRESS 215 MANATEE AVENUE WEST
CITY - ST - ZIP BRADENTON FL

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME Lee Rowell
1.3 STREET ADDRESS 445 West Amelia Street
1.4 CITY - ST - ZIP Orlando, FL 32801

TITLE D
NAME ROWELL, LEE
STREET ADDRESS 445 WEST AMELIA STREET
CITY - ST - ZIP ORLANDO FL

2.1 TITLE DT ☒ Change ☐ Addition
2.2 NAME Madhabi Banerji
2.3 STREET ADDRESS 7227 U.S. Highway 41
2.4 CITY - ST - ZIP Land O' Lakes, FL 33537

TITLE DD
NAME COUNCIL, CHARLIE T.
STREET ADDRESS P.O. BOX 506 N/A
CITY - ST - ZIP SANIBEL ISLAND FL

3.1 TITLE DD ☐ Change ☐ Addition
3.2 NAME Charlie T. Council
3.3 STREET ADDRESS P.O. Box 506 N/A
3.4 CITY - ST - ZIP Sanibel, FL 33957

TITLE D
NAME CONNER, TOM
STREET ADDRESS P.O. BOX 787 N/A
CITY - ST - ZIP LABELLE FL

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME Mary Kay Habgood
4.3 STREET ADDRESS 215 Manatee Avenue West
4.4 CITY - ST - ZIP Bradenton, FL 34205

TITLE DT
NAME HURLBUT, BETTY
STREET ADDRESS 426 SCHOOL STREET
CITY - ST - ZIP SEBRING FL

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Mike Jones
5.3 STREET ADDRESS 2055 Central Avenue
5.4 CITY - ST - ZIP Ft. Myers, FL 33901-3988

TITLE D
NAME STONE, DONALD
STREET ADDRESS 2055 CENTRAL AVENUE
CITY - ST - ZIP FT. MYERS FL

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME John Hilderbrand
6.3 STREET ADDRESS P.O. Box 3408 N/A
6.4 CITY - ST - ZIP Tampa, FL 33601-3408

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 110.07(3)(a), 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: Charlie T. Council Executive Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/95

(813)472-4397