


FILE NOW: FILING FEE IS \$61.25

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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90053 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N24422					
1. Corporation Name FLORIDA EDUCATIONAL RESEARCH COUNCIL, INC.					
Principal Place of Business 3366 BARRA CIRCLE P.O. BOX 506 SANIBEL ISLAND FL 33957			Mailing Address 3366 BARRA CIRCLE P.O. BOX 506 SANIBEL ISLAND FL 33957		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		01/20/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0030390	
24 Country		29 Country		30	
5. Certificate of Status Desired <input type="checkbox"/>				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Election Campaign Financing <input type="checkbox"/>				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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 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 Charlie T. Council CHARLIE T. COUNCIL 1/4/99
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	DAVIS, WESLEY			1.2 NAME			
STREET ADDRESS	PO BOX 1470 N/A			1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			1.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HURLBUT, BETTY			2.2 NAME			
STREET ADDRESS	426 SCHOOL ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			2.4 CITY-ST-ZIP			
TITLE	DD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COUNCIL, CHARLIE T.			3.2 NAME			
STREET ADDRESS	P.O. BOX 506-N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	SANIBEL ISLAND FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HABGOOD, MARY KAY			4.2 NAME	SANDRA MCDONALD		
STREET ADDRESS	215 MANATEE AVENUE WEST			4.3 STREET ADDRESS	40 ORANGE STREET		
CITY-ST-ZIP	BRADENTON FL			4.4 CITY-ST-ZIP	ST AUGUSTINE, FL 32084		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KERN, LINDA			5.2 NAME			
STREET ADDRESS	1990 25TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BCH FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILDERBRAND, JOHN			6.2 NAME			
STREET ADDRESS	P.O. BOX 3408 N/A			6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			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)(l), 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 1/4/99 941-472-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)