

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90044 047 \*\*\*\*61.25

**DOCUMENT # N24422**

1. Entity 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  
**2004 61<sup>ST</sup> ST. E.**  
Suite, Apt. #, etc.

3. Mailing Address  
**2004 61<sup>ST</sup> ST. E.**  
Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State  
**PALMETTO FLORIDA**  
Zip  
**34221**  
Country  
**USA**

City & State  
**PALMETTO, FLORIDA**  
Zip  
**34221**  
Country  
**USA**

4. FEI Number  
**65-0030390**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

Name **CHARLIE T. COUNCIL**  
Street Address (P.O. Box Number is Not Acceptable)  
**2004 61<sup>ST</sup> ST. E.**  
City **PALMETTO** FL Zip Code **34221**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHARLIE T. COUNCIL**

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

(NOTE: Registered Agent signature required when reinstating)

**2/6/04**  
DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to**  
**Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	LUCAS, MEL	
STREET ADDRESS	620 G UNIVERSITY AVE	
CITY-ST-ZIP	GAINESVILLE, FL 32601	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HURLBUT, BETTY	
STREET ADDRESS	426 SCHOOL ST.	
CITY-ST-ZIP	SEBRING, FL	
TITLE	ED	<input type="checkbox"/> Delete
NAME	COUNCIL, CHARLIE T.	
STREET ADDRESS	P.O. BOX 506 N/A	
CITY-ST-ZIP	SANIBEL ISLAND, FL	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARSHALL, JAY	
STREET ADDRESS	509 SOUTH PALM	
CITY-ST-ZIP	HOWE-IN-THE-HILLS, FL 34332	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, BARBARA	
STREET ADDRESS	500 E. OCEAN BLVD	
CITY-ST-ZIP	STUART, FL 34994	
TITLE	D	<input type="checkbox"/> Delete
NAME	HILDERBRAND, JOHN	
STREET ADDRESS	P.O. BOX 3408 N/A	
CITY-ST-ZIP	TAMPA, FL	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Charlie T. Council, EXECUTIVE DIRECTOR** **2/6/04** **941-729-2888**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #