

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **N35307** (0)
1. Corporation Name
FLORIDA PREPAID COLLEGE FOUNDATION, INC.

FILED

98 MAR -3 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1801 HERMITAGE BLVD
SUITE 210
TALLAHASSEE FL 32308
US

P.O. BOX 1117
TALLAHASSEE FL 32302
US

3. Date Incorporated or Qualified

11/21/1989

4. FEI Number

59-3012202

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLANK, F. PHILIP
204 S. MONROE ST.
TALLAHASSEE FL 32301

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **TATE, STANLEY G.**
STREET ADDRESS **1175 NE 125TH ST.**
CITY-ST-ZIP **NORTH MIAMI FL**

1.1 TITLE **Vice President** ☐ Change ☒ Addition
1.2 NAME **F. Philip Blank, Esquire**
1.3 STREET ADDRESS **204 South Monroe Street**
1.4 CITY-ST-ZIP **Tallahassee, FL 32302**

TITLE **D** ☐ DELETE
NAME **WALLACE, TOM**
STREET ADDRESS **1801 HERMITAGE BLVD 210**
CITY-ST-ZIP **TALLAHASSEE FL**

2.1 TITLE **Secretary** ☐ Change ☒ Addition
2.2 NAME **F. philip Blank, Esquire**
2.3 STREET ADDRESS **204 South Monroe Street**
2.4 CITY-ST-ZIP **Tallahassee, FL 32302**

TITLE **C** ☒ DELETE
NAME **CLEMONS, THOMAS**
STREET ADDRESS **3117 LIVINGSTON ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME ☐ Change ☐ Addition
3.3 STREET ADDRESS **700002446097--7**
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☒ DELETE
NAME **YOUNG, SHARON**
STREET ADDRESS **1801 HERMITAGE BLVD 210**
CITY-ST-ZIP **TALLAHASSEE FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS **-03/03/98--01097**
4.4 CITY-ST-ZIP *******61.25 *****61.25**

TITLE ☐ DELETE
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

Thomas J. Wallace

Thomas J. Wallace

1/23/98

850/922-6740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CP2E037 (10/97)