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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N35307

1. Corporation Name

FLORIDA PREPAID COLLEGE FOUNDATION, INC.

Principal Place of Business

1801 HERMITAGE BLVD
 SUITE 210
 TALLAHASSEE FL 32308
 US

Mailing Address

P.O. BOX 1117
 TALLAHASSEE FL 32302
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

11/21/1989

4. FEI Number

59-3012202

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

TITLE VSD
 NAME BLANK, PHILIP F ESQUIRE
 STREET ADDRESS 204 SOUTH MONROE STREET
 CITY-ST-ZIP TALLAHASSEE FL 32302 DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Board Member Change Addition
 1.2 NAME Hinkle, Lee
 1.3 STREET ADDRESS 136 S. Bronough St.
 1.4 CITY-ST-ZIP Tallahassee, FL 32302-3309 Change Addition

2.1 TITLE Board Member
 2.2 NAME Davis, Nancy
 2.3 STREET ADDRESS 80 S.W. 8th St., Suite 2110
 2.4 CITY-ST-ZIP Miami, FL 33130 Change Addition

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Addition

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Addition

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

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 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, with all other like empowered.

SIGNATURE:

Thomas J. Wallace **REQUIRE**

1/19/99

488-8514

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)