
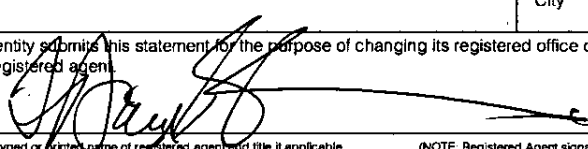
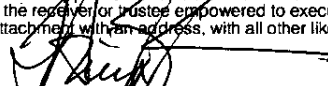


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90014 034 ****61.25

| | | | | | |
|---|------------------------------------|--|--|---|--|
| DOCUMENT # N35307 1. Entity 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 | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-3012202 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| BLANK, F. PHILIP 204 S. MONROE ST. TALLAHASSEE, FL 32301 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | State FL Zip Code | | |
| 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  DATE 03-01-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | DC | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | TATE, STANLEY G | | NAME | | |
| STREET ADDRESS | 1175 NE 125TH ST. | | STREET ADDRESS | | |
| CITY-ST-ZIP | NORTH MIAMI, FL | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALLACE, TOM | | NAME | | |
| STREET ADDRESS | 1801 HERMITAGE BLVD 210 | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL | | CITY-ST-ZIP | | |
| TITLE | VSD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BLANK, PHILIP F WALLACE | | NAME | | |
| STREET ADDRESS | 204 SOUTH MONROE STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32302 | | CITY-ST-ZIP | | |
| TITLE | BDM | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HINKLE, LEE | | NAME | | |
| STREET ADDRESS | 2916 ABBOTSFORD WAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | TALLAHASSEE, FL 32312 | | CITY-ST-ZIP | | |
| TITLE | BDM | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| NAME | DAVIS, NANCY | | NAME | BDM | |
| STREET ADDRESS | 80 SW 8TH STREET SUITE 2110 | | STREET ADDRESS | Silver, Ron | |
| CITY-ST-ZIP | MIAMI, FL 33130 | | CITY-ST-ZIP | P.O. Box 800539 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | Aventura, FL 33280 | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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:  | | | F. PHILIP BLANK 3.1.04 850.681.6710 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date Daytime Phone #</small> | | |