2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

02-10-2005 90060 017 ****61.25
N35307
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # N35307

1. Entity Name
FLORIDA PREPAID COLLEGE FOUNDATION, INC.

Principal Place of Business	Mailing Address
1801 HERMITAGE BLVD SUITE 210 TALLAHASSEE, FL 32308 US	P.O. BOX 1117 TALLAHASSEE, FL 32302 US

01312005 Chg-NP CR2E037 (10/03)

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 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 **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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC TATE, STANLEY G 1175 NE 125TH ST. NORTH MIAMI, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALLACE, TOM 1801 HERMITAGE BLVD 210 TALLAHASSEE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BLANK, PHILIP F 204 SOUTH MONROE STREET TALLAHASSEE, FL 32302	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM HINKLE, LEE 2916 ABBOTSFORD WAY TALLAHASSEE, FL 32312	XX ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM Sandra Murman 410 Blanca Avenue	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BDM SILVER, RON PO BOX 800539 AVENTURA, FL 33280	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Tampa, FL 33606	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #