

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35307

FILED  
Apr 17, 2006  
Secretary of State

**Entity Name:** FLORIDA PREPAID COLLEGE FOUNDATION, INC.

**Current Principal Place of Business:**

1801 HERMITAGE BLVD  
TALLAHASSEE, FL 323990300 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1117  
TALLAHASSEE, FL 32302 US

**New Mailing Address:**

**FEI Number:** 59-3012202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: HOEPNER, TED  
Address: 8818 GREY HAWK POINT  
City-St-Zip: ORLANDO, FL 32836

Title: D ( ) Delete  
Name: MURMAN, SANDRA HON  
Address: 410 BLANCA AVENUE  
City-St-Zip: TAMPA, FL 33606

Title: VSD ( ) Delete  
Name: BLANK, PHILIP F  
Address: 204 SOUTH MONROE STREET  
City-St-Zip: TALLAHASSEE, FL 32302

Title: D ( ) Delete  
Name: SILVER, RON HON  
Address: 407 LINCOLN RD, PENTHOUSE SOUTHEAST  
City-St-Zip: MIAMI BEACH, FL 33139

Title: D ( ) Delete  
Name: WALLACE, THOMAS J  
Address: 1801 HERMITAGE BOULEVARD, STE 210  
City-St-Zip: TALLAHASSEE, FL 32308

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. WALLACE

ED

04/17/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date