2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007
Secretary of State

DOCUMENT# N35307

Entity Name: FLORIDA PREPAID COLLEGE FOUNDATION, INC.

Current Principal Place of Business:

1801 HERMITAGE BLVD
TALLAHASSEE, FL 323990300 US

New Principal Place of Business:

1801 HERMITAGE BLVD
SUITE 210
TALLAHASSEE, FL 323990300 US

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: PD (X) Change ( ) Addition
Name: HOEPNER, TED
Address: 8818 GREY HAWK POINT
City-St-Zip: ORLANDO, FL 32836

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 D 01/19/2007

Electronic Signature of Signing Officer or Director — Date