FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 20 PM 7:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42233 (9)

1. Corporation Name

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
212 OFFICE PLAZA TALLAHASSEE FL 32301	212 OFFICE PLAZA TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 02/25/1991
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-3052307 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 346 Office Plaza	26 346 Office Plaza
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, Florida	City & State 28 Tallahassee, Florida
Zip 24 32301 Country 25 Leon	Zip 29 32301 Country 30 Leon

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
POWERS, WARREN P 4949 MARINERS PT JACKSONVILLE FL 32225	81 Name: Alan Mabe, Treasurer 82 Street Address (P.O. Box Number is Not Acceptable): Florida State University 83: 308 Westcott Building 84 City: Tallahassee FL 85 Zip Code: 32306

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Alan Mabe, Treasurer — Alan Mabe
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE	Director	☐ Change ☒ Addition
NAME	ERVIN, ROBERT M. S	12 NAME	Dorothy W. Adside	
STREET ADDRESS	305 SOUTH GADSDEN STREET	13 STREET ADDRESS	Post Office Box 561042	
CITY-ST-ZIP	TALLAHASSEE FL (DELETE)	14 CITY-ST-ZIP	Miami, Florida 33156	
TITLE	XX Director	21 TITLE	Director	☒ Change ☐ Addition
NAME	POWERS, WARREN P	22 NAME	Warren P. Powers	
STREET ADDRESS	4949 MARINERS PT	23 STREET ADDRESS	1304 River Place Blvd., Suite 1904	
CITY-ST-ZIP	JACKSONVILLE FL	24 CITY-ST-ZIP	Jacksonville, Florida 32207	
TITLE	S	31 TITLE	Director	☐ Change ☒ Addition
NAME	JERNIGAN, WARREN H.	32 NAME	Deborah Grumley	
STREET ADDRESS	2210 WARREN JERNIGAN PLACE	33 STREET ADDRESS	4734 East Trails Drive	
CITY-ST-ZIP	PENSACOLA FL	34 CITY-ST-ZIP	Sarasota, Florida 34232	
TITLE	XX Vice-Chair	41 TITLE		☐ Change ☐ Addition
NAME	KOEPKE, NANCY	42 NAME		
STREET ADDRESS	1200 COUNTRY CLUB DR	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	XX Chair	51 TITLE		☐ Change ☐ Addition
NAME	SPELIOS, GEORGE L. (DDS	52 NAME		
STREET ADDRESS	10729 SW 117TH CT.	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE	XX Treasurer	61 TITLE		☐ Change ☐ Addition
NAME	MABE, ALAN	62 NAME		
STREET ADDRESS	408 WESTCOTT, FSU	63 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Alan Mabe, Treasurer — Alan Mabe — 4-5-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002045