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FILED

Apr 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N42233 (9)

1. Corporation Name

THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL
REHABILITATION, INC.

Principal Place of Business

Mailing Address

346 OFFICE PLAZA
TALLAHASSEE FL 32301
US346 OFFICE PLAZA
TALLAHASSEE FL 32301-2730
US3. Date Incorporated or Qualified
02/25/19913a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 106 E. College Ave.
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29 32301

30

4. FEI Number
59-3052307Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

GRIFFITH, SHARON
3311 VAILLAN CT.
TALLAHASSEE FL 32312

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 ☒ DELETE
NAME ADSIDE, DOROTHY W.
STREET ADDRESS PO BOX 561042 N/A
CITY-ST-ZIP MIAMI FL1.1 TITLE Treasurer ☐ Change ☒ Addition
1.2 NAME Robert McKnight
1.3 STREET ADDRESS 1830 Buford St.
1.4 CITY-ST-ZIP Tallahassee, FL 32308TITLE D ☒ DELETE
NAME POWERS, WARREN P
STREET ADDRESS 1304 RIVER PLACE BLVD, STE 1904
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE Director ☒ Change ☐ Addition
2.2 NAME Dorothy W. Adside
2.3 STREET ADDRESS PO Box 561042
2.4 CITY-ST-ZIP Miami, FLTITLE SD ☐ DELETE
NAME JERNIGAN, WARREN H.
STREET ADDRESS 2210 WARREN JERNIGAN PLACE
CITY-ST-ZIP PENSACOLA FL3.1 TITLE Director ☐ Change ☒ Addition
3.2 NAME David L. Connelly
3.3 STREET ADDRESS 2108 Woodland By., Leesburg
3.4 CITY-ST-ZIP 34748TITLE VCD ☐ DELETE
NAME KOEPKE, NANCY
STREET ADDRESS 1200 COUNTRY CLUB DR
CITY-ST-ZIP ORLANDO FL4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME Cynthia Humphrey (Westco)
4.3 STREET ADDRESS 1404 Whitfield Ave.
4.4 CITY-ST-ZIP Sarasota, FL 34243TITLE CD ☐ DELETE
NAME SPELIOS, GEORGE L. (DDS)
STREET ADDRESS 10729 SW 117TH CT.
CITY-ST-ZIP MIAMI FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SPELIOS

Date 3/28/97

Daytime Phone # 224-4493

CR2E037 (9/96)