

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>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  
US**

**106 E COLLEGE AVE  
SUITE 820  
TALLAHASSEE FL 32301  
US**

2. Principal Place of Business

2a. Mailing Address

**21 106 E. College Ave**

**26**

Suite, Apt. #, etc

Suite, Apt. #, etc.

**22 820**

**27**

City & State

City & State

**23 Tallahassee, FL**

**28**

Zip

Country

Zip

Country

**24 32301**

**25 Leon**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/25/1991**

4. FEI Number

**59-3052307**

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

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

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | <b>T</b>                | <input type="checkbox"/> DELETE |
| NAME           | <b>MCKNIGHT, ROBERT</b> |                                 |
| STREET ADDRESS | <b>1830 BUFORD ST</b>   |                                 |
| CITY-ST-ZIP    | <b>TALLAHASSEE FL</b>   |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>ADSIDE, DOROTHY W</b> |                                 |
| STREET ADDRESS | <b>P O BOX 561042</b>    |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>          |                                 |

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>SD</b>                         | <input type="checkbox"/> DELETE |
| NAME           | <b>JERNIGAN, WARREN H.</b>        |                                 |
| STREET ADDRESS | <b>2210 WARREN JERNIGAN PLACE</b> |                                 |
| CITY-ST-ZIP    | <b>PENSACOLA FL</b>               |                                 |

|                |                             |                                 |
|----------------|-----------------------------|---------------------------------|
| TITLE          | <b>VCD</b>                  | <input type="checkbox"/> DELETE |
| NAME           | <b>KOEPKE, NANCY</b>        |                                 |
| STREET ADDRESS | <b>1200 COUNTRY CLUB DR</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>           |                                 |

|                |                                 |                                 |
|----------------|---------------------------------|---------------------------------|
| TITLE          | <b>CD</b>                       | <input type="checkbox"/> DELETE |
| NAME           | <b>SPELIOS, GEORGE L. (DDS)</b> |                                 |
| STREET ADDRESS | <b>10729 SW 117TH CT.</b>       |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                 |                                 |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME           | <b>CONNELLY, DAVID L</b> |                                 |
| STREET ADDRESS | <b>2108 WOOLAND BV</b>   |                                 |
| CITY-ST-ZIP    | <b>LEESBURG FL</b>       |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                              |  |
|--------------------|------------------------------|--|
| 1.1 TITLE          | <b>D</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>Carolyn Olive</b>         |  |
| 1.3 STREET ADDRESS | <b>227 S. Calhoun St.</b>    |  |
| 1.4 CITY-ST-ZIP    | <b>Tallahassee, FL 32301</b> |  |

|                    |                            |  |
|--------------------|----------------------------|--|
| 2.1 TITLE          | <b>D</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | <b>Cynthia Humphrey</b>    |  |
| 2.3 STREET ADDRESS | <b>1404 Whitfield Ave.</b> |  |
| 2.4 CITY-ST-ZIP    | <b>Sarasota, FL 34243</b>  |  |

|                    |  |   |
|--------------------|--|---|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |   |
| 3.3 STREET ADDRESS |  |   |
| 3.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                    |  |   |
|--------------------|--|---|
| 6.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |  |   |
| 6.3 STREET ADDRESS |  |   |
| 6.4 CITY-ST-ZIP    |  |   |

14. 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 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 the signature page with an address.

SIGNATURE:

*George L. Spelios* George L. Spelios 2/16/98 (850) 224-4493

CR2E037 (1097)