

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90017 023 ****61.25

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DOCUMENT # N42233

1. Corporation Name

**THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL
REHABILITATION, INC.**

Principal Place of Business

106 E COLLEGE AVE
820
TALLAHASSEE FL 32301
US

Mailing Address

106 E COLLEGE AVE
SUITE 820
TALLAHASSEE FL 32301
US

475610 - 90017 - 23



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

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

9. Name and Address of Current Registered Agent

GRIFFITH, SHARON
3311 VAILLAN CT.
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

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

Sharon Griffith
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/15/99
DATE

12. OFFICERS AND DIRECTORS

T MCKNIGHT, ROBERT
1830 BUFORD ST
TALLAHASSEE FL

D ADSIDE, DOROTHY W
P O BOX 561042
MIAMI FL

SD JERNIGAN, WARREN H.
2210 WARREN JERNIGAN PLACE
PENSACOLA FL

VCD KOEPKE, NANCY
1208 COUNTRY CLUB DR
ORLANDO FL

CD SPELIOS, GEORGE L. (DDS)
10729 SW 117TH CT.
MIAMI FL

D CONNELLY, DAVID L
2108 WOOLAND BV
LEESBURG FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Koepke, Nancy
4.3 STREET ADDRESS 1256 Lake Willisara Circle
4.4 CITY-ST-ZIP Orlando, FL 32806

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Spelios, George L. DDS
5.3 STREET ADDRESS 16920 SW 192nd Street
5.4 CITY-ST-ZIP Miami, FL 33187

6.1 TITLE ☐ Change ☐ 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 an attachment with an address, with all other like empowered.

SIGNATURE: *Carolyn D. Olive*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99

850/222-4006
Daytime Phone #

CR2E037 (1/98)

Attachment to Nonprofit Corporation Annual Report 1999

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THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION,
INC.

Document # N42233

Continuation of Block 12:

Title: OFFICERS AND DIRECTORS
VC/D

Name: Carolyn D. Olive

Street Address: 2120 Killarney Way

City/St/Zip: Tallahassee, FL 32308

///

Carolyn D. Olive 4/15/99