

**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

DOCUMENT # **N45132** (0)

1. Corporation Name

**THE FLORIDA EDUCATION AND RESEARCH FOUNDATION, I NC.**

Principal Place of Business

Mailing Address

250 GRASSLAND ROAD  
PALM BAY FL 32909

250 GRASSLAND ROAD  
PALM BAY FL 32909

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/13/1991**

3a. Date of Last Report  
**03/15/1994**

4. FEI Number  
**59-3104339**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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. 199.039 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS, WILLIAM J  
217 S ADAMS STREET  
TALLAHASSEE FL 32302

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 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

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

|                 |                             |
|-----------------|-----------------------------|
| TITLE           | PD                          |
| NAME            | ADAMS, TOM B.               |
| STREET ADDRESS  | 11550 C R507                |
| CITY - ST - ZIP | FELLMERE FL                 |
| TITLE           | VD                          |
| NAME            | BATES, DR. STAN             |
| STREET ADDRESS  | UNIVERSITY OF FLORIDA, MA1C |
| CITY - ST - ZIP | GAINESVILLE FL              |
| TITLE           | STD                         |
| NAME            | DE CORT, GWENDOLYN          |
| STREET ADDRESS  | 250 GRASSLAND RD.           |
| CITY - ST - ZIP | PALM BAY FL                 |
| TITLE           | D                           |
| NAME            | MEGREGIAN, STEPHEN          |
| STREET ADDRESS  | C/O BCC-1519 CLEAR LAKE RD. |
| CITY - ST - ZIP | COCOA FL                    |
| TITLE           | D                           |
| NAME            | SUGERMAN, DALE S.           |
| STREET ADDRESS  | 120 MALABAR RD., S.E.       |
| CITY - ST - ZIP | PALM BAY FL                 |
| TITLE           |                             |
| NAME            |                             |
| STREET ADDRESS  |                             |
| CITY - ST - ZIP |                             |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 2.2 NAME            | Bates, Dr. Stan  |
| 2.3 STREET ADDRESS  | University of Florida, MA1C  |
| 2.4 CITY - ST - ZIP | Gainesville, FL  |
| 3.1 TITLE           | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | Carstens, Jerome G.  |
| 3.3 STREET ADDRESS  | 250 Grassland Rd. SE.  |
| 3.4 CITY - ST - ZIP | Palm Bay, FL 32909   |
| 4.1 TITLE           | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 4.2 NAME            | Megregian, Stephen   |
| 4.3 STREET ADDRESS  | c/o BCC-1519, Clearlake Rd   |
| 4.4 CITY - ST - ZIP | Cocoa, FL 32922  |
| 5.1 TITLE           | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| 5.2 NAME            | Bob Mann   |
| 5.3 STREET ADDRESS  | 120 Malabar Rd S.E.  |
| 5.4 CITY - ST - ZIP | Palm Bay, FL 32907-3009  |
| 6.1 TITLE           | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| 6.2 NAME            | D'Alborg, John   |
| 6.3 STREET ADDRESS  | P.O. Box 39  |
| 6.4 CITY - ST - ZIP | Cocoa, FL 32923-0039   |

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 110.07(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 as an attachment with an address.

SIGNATURE:

*Tom B. Adams*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TOM B. ADAMS

DATE

4/14/95

Telephone Prefix

407-922-0306