

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

**FILED**  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # **N45132** (0)

1. Corporation Name  
**THE FLORIDA EDUCATION AND RESEARCH FOUNDATION, INC.**

Principal Place of Business Mailing Address  
**250 GRASSLAND ROAD PALM BAY FL 32909**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/13/1991</b>	3a. Date of Last Report <b>05/01/1995</b>
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-3104339</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>ROBERTS, WILLIAM J 217 S ADAMS STREET TALLAHASSEE FL 32302</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 officer 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, TOM B.	1.2 NAME	Jodie H. Thompson
STREET ADDRESS	11550 C R507	1.3 STREET ADDRESS	939 Sable Circle SE
CITY-ST-ZIP	FELLMERE FL	1.4 CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATES, DR. STAN	2.2 NAME	Brian Nemeroff
STREET ADDRESS	UNIVERSITY OF FLORIDA, MA1C	2.3 STREET ADDRESS	280 Salmon Drive
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Palm Bay, FL 32907
TITLE	<del>SD</del> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARSTENS, JEROME G	3.2 NAME	Thomas Szuba
STREET ADDRESS	250 GRASSLAND RD SE	3.3 STREET ADDRESS	1415 Foundation Park Blvd
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP	Palm Bay, FL 32909
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MEGREGIAN, STEPHEN	4.2 NAME	Harry Brandon
STREET ADDRESS	C/O BCC-1519 CLEAR LAKE RD.	4.3 STREET ADDRESS	1900 Harbor City Blvd.
CITY-ST-ZIP	COCOA FL	4.4 CITY-ST-ZIP	Melbourne, FL 32901
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANNI, BOB	5.2 NAME	
STREET ADDRESS	120 MALABAR RD SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	5.4 CITY-ST-ZIP	
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'ALBORA, JOHN	6.2 NAME	
STREET ADDRESS	P.O. BOX 39	6.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL	6.4 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: Tom B. Adams Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E037 (12/95)