

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

**FILED**

**Jan 29 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N45132 (0)**

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

<b>Principal Place of Business</b>	<b>Mailing Address</b>
250 COMMUNITY COLLEGE PKWY. PALM BAY FL 32909 US	250 COMMUNITY COLLEGE PKWY. PALM BAY FL 32909 US



<b>2. Principal Place of Business</b>	<b>2a. Mailing Address</b>
<b>21</b>	<b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b>	<b>27</b>
City & State	City & State
<b>23</b>	<b>28</b>
Zip	Country
<b>24</b>	<b>25</b>
	<b>29</b>
	<b>30</b>

<b>3. Date Incorporated or Qualified</b>	<b>09/13/1991</b>
<b>4. FEI Number</b>	<b>59-3104339</b>
<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing Trust Fund Contribution</b>	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7. Is this nonprofit corporation a homeowners association?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**ROBERTS, WILLIAM J**  
**217 S ADAMS STREET**  
**TALLAHASSEE FL 32302**

**10. Name and Address of New Registered Agent**

<b>81 Name</b>	<b>Joe Matheny</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>	<b>355 Indian River Avenue</b>
<b>83</b>	
<b>84 City</b>	<b>Titusville FL</b>
<b>85 Zip Code</b>	<b>32780</b>

**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: *Joe S. Matheny* **Joe S. Matheny** **1-22-98**  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	ADAMS, TOM B.	
STREET ADDRESS	11550 C R507	
CITY-ST-ZIP	FELLMERE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, JERRY	
STREET ADDRESS	2530 KIRBY AVE., NE UNIT 305	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS SZUBA	
STREET ADDRESS	1415 FOUNDATION PARK BLVD.	
CITY-ST-ZIP	PALM BAY FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MEGREGIAN, STEPHEN	
STREET ADDRESS	C/O BCC-1519 CLEAR LAKE RD.	
CITY-ST-ZIP	COCOA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NANNI, BOB	
STREET ADDRESS	120 MALABAR RD SE	
CITY-ST-ZIP	PALM BAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRANDON, HARRY E.	
STREET ADDRESS	1900 S. HARBOR CITY BLVD.	
CITY-ST-ZIP	BELBOURNE FL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen J. Megregian	
1.3 STREET ADDRESS	% BCC-1519 Clearlake Road	
1.4 CITY-ST-ZIP	Cocoa, FL 32922	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eugene C. Johnson	
2.3 STREET ADDRESS	531 1st Avenue	
2.4 CITY-ST-ZIP	Satellite Beach, FL 32937	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bert Purga	
3.3 STREET ADDRESS	%BCC-1519 Clearlake Road	
3.4 CITY-ST-ZIP	Cocoa, FL 32922	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joe Lee Smith	
4.3 STREET ADDRESS	%BCC-1519 Clearlake Road	
4.4 CITY-ST-ZIP	Cocoa, FL 32922	
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 an attachment with an address.**

**SIGNATURE:** *Stephen J. Megregian* **Stephen J. Megregian** **1/21/98** **407-632-1111**

CR2E037 (10/97)