

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

DOCUMENT # N45557 (8)

1. Corporation Name

FLORIDIANS FOR EDUCATIONAL CHOICE FOUNDATION, INC.

Principal Place of Business

Mailing Address

2010 DELTA BLVD.
2ND FLOOR
TALLAHASSEE FL 32303
US

P O BOX 13894
TALLAHASSEE FL 32317-0894



2. Principal Place of Business

2a. Mailing Address

21 **2017 Delta Blvd**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 102**

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/09/1991

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3095349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

MARSHALL, J. S
2010 DELTA BOULEVARD, SECOND FLOOR
TALLAHASSEE FL 32303

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2017 Delta Blvd Suite 102

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 **D** ☒ DELETE

NAME **PYLMAL, SHERRY**
STREET ADDRESS **2361 SW RIVERSIDE DR.**
CITY-ST-ZIP **PALM CITY FL**

TITLE **D** ☒ DELETE

NAME **BRONSON, TOMMY**
STREET ADDRESS **24060 DEER RUN ROAD**
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE **TD** ☐ DELETE

NAME **MIXSON, WAYNE**
STREET ADDRESS **2219 DEMERON ROAD**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

1.2 NAME **LORA HALCOMBE**
1.3 STREET ADDRESS **3514 Limerick Drive**
1.4 CITY-ST-ZIP **Tallahassee FL 32308**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **J. Stanley Marshall**
2.3 STREET ADDRESS **5000 Brill Point**
2.4 CITY-ST-ZIP **Tallahassee FL 32312**

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
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 (904) 422-2179

Date

Daytime Phone #

CR2E037 (12/95)