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Jan 20 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 # N47055 (1)**  
1. Corporation Name  
**FLORIDA LEADERSHIP AND EDUCATION FOUNDATION, INC**



Principal Place of Business 1008 MCCARTY HALL UF GAINESVILLE FL 32611-0180 US	Mailing Address PO BOX 110180 GAINESVILLE FL 32611-0180 US
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3. Date Incorporated or Qualified <b>01/29/1992</b>		
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent  
**JOYCE, DR JOSEPH C**  
**1008 MCCARTY HALL**  
**UF**  
**GAINESVILLE FL 32611**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 Joseph C. Joyce DATE 8 Jan 98  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	TROTTER, EUGENE E.
STREET ADDRESS	9616 S.W. 53RD ROAD
CITY-ST-ZIP	GAINESVILLE FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROWE, J. B
STREET ADDRESS	620 N MAIN STREET
CITY-ST-ZIP	GAINESVILLE FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	BERNARD, LESTER W
STREET ADDRESS	640 S MAIN ST
CITY-ST-ZIP	LABELLE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WHALLEY, RICHARD L
STREET ADDRESS	302 S MASSACHUSETTS AVE
CITY-ST-ZIP	LAKELAND FL
TITLE	STD <input type="checkbox"/> DELETE
NAME	THOMPSON, CHARLES
STREET ADDRESS	HIGHWAY 441 S @ HAUGE
CITY-ST-ZIP	ALACHUA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	STUART, MICHAEL J.
STREET ADDRESS	4401 E COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO FL

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

(List of Officers/Directors cont'd. on attached.)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph C. Joyce DATE 8 Jan 98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)

**Florida Leadership and Education Foundation, Inc. Document #N47055**

**Officers and Directors (continued)**

D  
Scottie J. Butler  
5700 SW 34th Street  
Gainesville, FL 32608

D  
Larry J. Connor  
2001 McCarty Hall, UF  
Gainesville, FL 32611-0270

D  
John E. Davis  
P O Box 457  
Fernandina Beach, FL 32035

D  
June Duda  
1233 Litard Knot Creek Trail  
Oviedo, FL 32765

D  
Erroll Fielding  
815 Lake Elbert Court, NE  
Winter Haven, FL 33881-4360

D  
Sam H. Goforth  
104 North Main Street  
Gainesville, FL 32601

D  
Kristen Gunter  
1720 South Florida Avenue  
Lakeland, FL 33803

D  
Charles F. Hinton  
1305 W. Haines Street  
Plant City, FL 33564

D  
Verneil Johnson  
19520 168th Street  
Live Oak, FL 32060

M/D  
Joseph C. Joyce  
1008 McCarty Hall, UF  
Gainesville, FL 32611-0180

D  
Louis E. Larson  
P O Box 1249  
Okeechobee, FL 34973

D  
Jack Norris  
25450 Airport Road  
Punta Gorda, FL 33950

D  
Bill Reese  
2025 NE 70th Street  
Ocala, FL 34479

D  
Kay Richardson  
22515 NW 60th Avenue  
Evinston, FL 32633

D  
Clay Smallwood  
P O Box 908  
Port St. Joe, FL 32457

D  
Christine T. Waddill  
1038 McCarty Hall, UF  
Gainesville, FL 32611-0210

D  
Dennis Wedgworth  
P O Box 2076  
Belle Glade, FL 33430