


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
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DOCUMENT # N50278 (3)

1. Corporation Name

BUSINESSES FOR EDUCATION POLITICAL COMMITTEE, IN C.

Principal Place of Business

75 SOUTH IVANHOE BLVD.
ORLANDO FL 32804

Mailing Address

75 SOUTH IVANHOE BLVD.
ORLANDO FL 32804



3. Date Incorporated or Qualified
08/07/1992

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3160497

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STUART, JACOB V.
75 S. IVANHOE BLVD.
ORLANDO FL 32804**

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **LEONHARDT, FREDERICK W.**
STREET ADDRESS **201 EAST PINE, SUITE 1200**
CITY-ST-ZIP **ORLANDO FL**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **Tico Perez**
1.3 STREET ADDRESS **c/o 75 S. Ivanhoe Blvd**
1.4 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **T** ☐ DELETE
NAME **NASON, WALTER R.**
STREET ADDRESS **75 SOUTH IVANHOE BOULEVARD**
CITY-ST-ZIP **ORLANDO FL 32804**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **ALVAREZ, JOE A JR**
STREET ADDRESS **895 SOUTH EAST LAKE ST**
CITY-ST-ZIP **LONGWOOD FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Jack Prevost**
3.3 STREET ADDRESS **40 75 S. Ivanhoe Blvd**
3.4 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **C** ☒ DELETE
NAME **SEARS, JULIET E.**
STREET ADDRESS **20 NORTH ORANGE AVE., SUITE 404**
CITY-ST-ZIP **ORLANDO FL 32801**

4.1 TITLE **C** ☒ Change ☐ Addition
4.2 NAME **dale Lindon**
4.3 STREET ADDRESS **75 S. Ivanhoe Blvd**
4.4 CITY-ST-ZIP **Orlando, FL 32804**

TITLE **SD** ☐ DELETE
NAME **STUART, JACOB V.**
STREET ADDRESS **75 S. IVANHOE BLVD.**
CITY-ST-ZIP **ORLANDO FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **CARPENTER, EDDIE**
STREET ADDRESS **1375 BUENA VISTA DR.**
CITY-ST-ZIP **LAKE BUENA VISTA FL**

6.1 TITLE **D** ☒ Change ☐ Addition
6.2 NAME **Jim Cross**
6.3 STREET ADDRESS **c/o 75 S. Ivanhoe Blvd**
6.4 CITY-ST-ZIP **Orlando, FL 32804**

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

WALTER R. NASON

Date

Daytime Phone #

4/29/96

408-418-4444

CR2E037 (12/95)