FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 31 AM 10:17

DOCUMENT # N92000000579 (4)

1. Corporation Name
SOUTHEAST EDUCATION DEVELOPMENT/FOUNDATION OF VO LUSIA COUNTY, INC.

Principal Place of Business	Mailing Address
115 CANAL STREET NEW SMYRNA BEACH FL 32168	115 CANAL STREET NEW SMYRNA BEACH FL 32168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1992
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-3159225 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

ROSS, WILLIAM L JR
221 N. CAUSEWAY
NEW SMYRNA BEACH FL 32069

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	DENYS, DEBORAH	1.2 NAME	FRAN TODD	
STREET ADDRESS	53 N. KINGS ROAD	1.3 STREET ADDRESS	621 N. RIVERSIDE DRIVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	1.4 CITY-ST-ZIP	EDGEWATER, FL 32132	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHMELTZ, DEBORAH	2.2 NAME	DEBORA SCHMELTZ	
STREET ADDRESS	53 N. KINGS ROAD	2.3 STREET ADDRESS	1881 BAYVIEW DIRVE	
CITY-ST-ZIP	ORMOND BEACH FL 32174	2.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	SD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	RUBIN, JEFF	3.2 NAME	BRENDA STAUFFER	
STREET ADDRESS	823 S. DIXIE FREEWAY	3.3 STREET ADDRESS	230 FAIRGREEN AVENUE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168-4761	3.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	TD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	NOSS, ROBERT	4.2 NAME	ROBERT NOSS	
STREET ADDRESS	116 CANAL STREET	4.3 STREET ADDRESS	116 CANAL STREET	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	4.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	YANCEY, ELIZABETH	5.2 NAME	JOHN LIEBLER	
STREET ADDRESS	210 SAMS AVENUE	5.3 STREET ADDRESS	4428 DORIS DRIVE	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	5.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32169	
TITLE		6.1 TITLE	M	☐ Change ☒ Addition
NAME		6.2 NAME	STEVE DENNIS	
STREET ADDRESS		6.3 STREET ADDRESS	115 CANAL STREET	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	NEW SMYRNA BEACH, FL 32168	

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)(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: _____ 1/18/95 1-904-428-2447
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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