

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005706 (7)

1. Corporation Name

FLORIDA VILLAGE EDUCATION FOUNDATION, INC.



Principal Place of Business

Mailing Address

2244 NOTTINGHAM RD.
LAKELAND FL 338032244 NOTTINGHAM RD.
LAKELAND FL 33803-35723. Date Incorporated or Qualified
12/20/19933a. Date of Last Report
05/01/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROSS, DENNIS A.
230 S. FLORIDA AVE.
SUITE 501
LAKELAND FL 33801-4622

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	C	<input type="checkbox"/> DELETE
NAME	WILLIS, DAVID	
STREET ADDRESS	2244 NOTTINGHAM RD.	
CITY-ST-ZIP	LAKELAND FL 33803	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	T	<input type="checkbox"/> DELETE
NAME	DAVIS, ROBERT OR	
STREET ADDRESS	111 LAKE HOLLINGSWORTH DR.	
CITY-ST-ZIP	LAKELAND FL 33801	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, CURTIS	
STREET ADDRESS	P.O. BOX 2188 N/A	
CITY-ST-ZIP	LAKELAND FL 33806-2186	

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CANADY, CHARLES T.
3.3 STREET ADDRESS	129 S. KENTUCKY AVE
3.4 CITY-ST-ZIP	LAKELAND, FL 33801

TITLE	T	<input type="checkbox"/> DELETE
NAME	WIGGS, HOWARD	
STREET ADDRESS	4802 HIGHLAND PLACE DR.	
CITY-ST-ZIP	LAKELAND FL 33813	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	PAULA DOCKERY
5.3 STREET ADDRESS	P.O. BOX 6646
5.4 CITY-ST-ZIP	LAKELAND, FL 33806

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	CHARLES T CANADY
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:

DAVID E WILLIS REQUIRED DAVID E WILLIS 04/17/97 (941) 486-2393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0052626

CR2E037 (9/96)