


FILE NOW: FILING FEE IS \$61.25

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May 05 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 # **N93000005706 (7)**

1. Corporation Name

**FLORIDA VILLAGE EDUCATION FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**2244 NOTTINGHAM RD.  
LAKELAND FL 33803**

**2244 NOTTINGHAM RD.  
LAKELAND FL 33803**

2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip Country

**28**  
Zip Country

**24**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**12/20/1993**

4. FEI Number

**59-3223079**

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. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

☐ Yes ☐ No

10. Name and Address of New Registered Agent

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

81 Name

**DENNIS A. ROSS**

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

**3309 CLEVELAND HIGHTS BLVD.**

83

84 City

**LAKELAND**

**FL**

85 Zip Code

**33903**

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]*

**4/27/98**

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	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIS, DAVID</b>	
STREET ADDRESS	<b>2244 NOTTINGHAM RD.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33803</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVIS, ROBERT DR</b>	
STREET ADDRESS	<b>111 LAKE HOLLINGSWORTH DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33801</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>CANADY, CHARLES T</b>	
STREET ADDRESS	<b>129 S KENTUCKY AVE</b>	
CITY-ST-ZIP	<b>LAKELAND FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>WIGGS, HOWARD</b>	
STREET ADDRESS	<b>4602 HIGHLAND PLACE DR.</b>	
CITY-ST-ZIP	<b>LAKELAND FL 33813</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>T LAURENT, JOHN</b>
2.3 STREET ADDRESS	<b>650 DAVIDSON E.</b>
2.4 CITY-ST-ZIP	<b>BARTOW, FL. 33830</b>
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	

14. I 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:

*[Signature]*

**DAVID E WILLIS 04-27-98**

**941-686-2393**

CR2E037 (1097)