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CORPORATION ANNUAL REPORT

1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:44

DOCUMENT # N94000000241 (9)

1. Corporation Name

FORTUNE EDUCATION FOUNDATION, NC.

Principal Place of Business	Mailing Address
2312 W. WATERS AVE. SUITE 2 TAMPA FL 33604	2312 W. WATERS AVE. SUITE 2 TAMPA FL 33604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1994
3a. Date of Last Report:
4. FEI Number: 59-322 3743 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 8910 N. DaLe Mabry Hwy	26 P.O. Box 272286
Suite, Apt. #, etc. 22 STE. 23	Suite, Apt. #, etc. 27
City & State 23 Tampa FL	City & State 28 Tampa, FL.
Zip / Country 24 33614 / 25 Hillsborough	Zip / Country 29 33688-2286 / 30 Hillsborough

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

9. Name and Address of Current Registered Agent

PACKWOOD, J.D. JR.
~~2312 W. WATERS AVE.~~ 8910 N. DaLe Mabry
SUITE 23
TAMPA FL 33614

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 state[illegible]e 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 [illegible]ment e 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	☐ Change ☐ Addition
NAME	WARE, LEE	1.2 NAME	
STREET ADDRESS	15708 PINTO PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	TOURE, SADIBOU	2.2 NAME	
STREET ADDRESS	5305 NORTH BLVD., #112	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☑ Addition
NAME	ANDERSON, DEBBIE	3.2 NAME	Barbara PITTman
STREET ADDRESS	3515 E. FLETCHER AVE. Delete	3.3 STREET ADDRESS	2700 W. Dr. Martin Luther King Jr. Blvd
CITY-ST-ZIP	TAMPA FL 33613	3.4 CITY-ST-ZIP	Ste. 410 Tampa, FL. 33607
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	PACKWOOD, J.D.	4.2 NAME	
STREET ADDRESS	4325 AEGEAN DR., #220-B	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MILES, DERRICK	5.2 NAME	Derrick Miles
STREET ADDRESS	P.O. BOX 3408 N/A 5024 W Grace ST	5.3 STREET ADDRESS	5024 W. Grace ST.
CITY-ST-ZIP	TAMPA FL 33607	5.4 CITY-ST-ZIP	Tampa, FL 33607
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: LEE E Ware President 3-15-95 813-933-6652
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #
Lee E Ware President

0083488