

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF REVENUE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 194000000637
1. Corporation Name
BSEC FOUNDATION OF THE UNITED STATES, INC.

Principal Place of Business Mailing Address
2701 W. BUSCH BLVD
SUITE 130
TAMPA, FL 33618
Same

3. Date Incorporated or Qualified 03/93	3a. Date of Last Report 1996
4. FEI Number 59-3255324	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
JOYCE SIBSON DOVE
2074 THOMASVILLE RD
TALLAHASSEE, FL 32302

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT / CHAIR <input type="checkbox"/> DELETE
NAME	DEBECA L. EDWARDS
STREET ADDRESS	4601 HIDDEN SHADOW DR
CITY-ST-ZIP	TAMPA, FL 33614
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	W. AMORY UNDERHILL
STREET ADDRESS	401 N. GACFIELD
CITY-ST-ZIP	DE LAND, FL 32721
TITLE	DIRECTOR <input type="checkbox"/> DELETE
NAME	SHIELA MARTIN
STREET ADDRESS	1406 TROUVILLE DR
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	JOYCE SIBSON DOVE, SECRETARY <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	2074 THOMASVILLE RD
CITY-ST-ZIP	TALLAHASSEE, FL 32302
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: Debeca L. Edwards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
3-22-97 (613) 932-8206
Date Daytime Phone

CR2E037 (9/96)