

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N94000000637</b>			
1. Corporation Name <b>BSEC FOUNDATION OF THE UNITED STATES</b>			
Principal Place of Business <b>4601 HIDDEN SHADOW DR TAMPA, FL 33614</b>		Mailing Address	
2. Principal Place of Business 21 <b>4601 HIDDEN SHADOW DR</b> Suite, Apt. #, etc. 22 City & State 23 <b>TAMPA, FL</b> Zip 24 <b>33614</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>USA</b>	
3. Date Incorporated or Qualified <b>MARCH 1993</b>		4. FEI Number <b>59-3255324</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>JOYCE SIMSON DOVE P.O. Box 10426/2074 THIMMSVILLE RD. TALLAHASSEE, FL 32302-2426</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 <input type="checkbox"/> DELETE NAME <b>PRESIDENT</b> STREET ADDRESS <b>DEBERA EDWARDS</b> CITY-ST-ZIP <b>4601 HIDDEN SHADOW DR TAMPA, FL 33614</b>		11 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 12 NAME <b>V. PRESIDENT</b> 13 STREET ADDRESS <b>CAROLYN BOYD</b> 14 CITY-ST-ZIP <b>16142 PARKLAWN PLACE BOWIE, MD 20716</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>Wm. AMORY UNDERHILL</b> STREET ADDRESS <b>3900 UNION PLACE, NW BLDG 606 G/F</b> CITY-ST-ZIP <b>WASHINGTON, DC 20016-5316</b>		21 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME <b>SECTY/TREAS.</b> 23 STREET ADDRESS <b>SHEILA MARTIN</b> 24 CITY-ST-ZIP <b>299 N. RIVERSIDE DR # 606 PAMPANO BCH, FL 33062</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>V. PRES.</b> STREET ADDRESS <b>CAROLYN BOYD</b> CITY-ST-ZIP <b>16142 PARKLAWN PL. BOWIE, MD 20716</b>		31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>SECTY/TREAS.</b> STREET ADDRESS <b>SHEILA C. MARTIN</b> CITY-ST-ZIP <b>299 N. RIVERSIDE DR # 606 PAMPANO BCH, FL 33062</b>		41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 64 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: <b>Debera Edwards</b>		3/8/98 813/290-9162	

CR2E037 (10/97)