

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N94000004293 (6)**

1. Corporation Name

QUEST EDUCATIONAL FOUNDATION, INC.



Principal Place of Business 2706 S. HORSESHOE DR. NAPLES FL 33942 US	Mailing Address 2706 S. HORSESHOE DR. NAPLES FL 33942 US
--	--

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
---	--

3. Date Incorporated or Qualified 08/31/1994	
4. FEI Number 65-0516362	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 DEKKO, CHESTER E 2706 S. HORSESHOE DRIVE NAPLES FL 33942
--

10. Name and Address of New Registered Agent 81 Name F. Edward Johnson 82 Street Address (P.O. Box Number is Not Acceptable) c/o Cheffy Passidomo Wilson & Johnson 83 821 Fifth Avenue South #201 84 City Naples FL 85 Zip Code 34102

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]* (F. Edward Johnson) DATE **April 27, 1998**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DEKKO, CHESTER E
STREET ADDRESS	325 SEDGWICK COURT
CITY-ST-ZIP	NAPLES FL 33963
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DEKKO, PATRICIA
STREET ADDRESS	325 SEDGWICK COURT
CITY-ST-ZIP	NAPLES FL 33963
TITLE	<input type="checkbox"/> DELETE
NAME	MCCLIMANS, PATRICIA
STREET ADDRESS	6180 CYPRESS HOLLOW WAY
CITY-ST-ZIP	NAPLES FL 33942
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 checked="" type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	Patrick Thomson (D)
4.4 CITY-ST-ZIP	PO B N3813
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director
5.3 STREET ADDRESS	Colleen Baus
5.4 CITY-ST-ZIP	330 Pinehurst Cir
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]* DATE **4-28-98**

CR2E037 (10/97)