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Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90035 013 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000004521

1. Corporation Name

FLORIDA NORTH SHORE TECHNOLOGY CENTERS, INC.

Principal Place of Business

2031 E. PAUL DIRAC DR.
 #117
 TALLAHASSEE FL 32310

Mailing Address

2031 E. PAUL DIRAC DR.
 #117
 TALLAHASSEE FL 32310



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

09/14/1994

4. FEI Number
 59-3266035

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

9. Name and Address of Current Registered Agent

MCBRIDE, WILLIAM B
609 PIEDMONT DRIVE
TALLAHASSEE FL 32312

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 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

TITLE **P** ☐ DELETE
 NAME **MCBRIDE, WILLIAM B**
 STREET ADDRESS **609 PIEDMONT DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **C/D** ☐ DELETE
 NAME **KERR, JOHN R**
 STREET ADDRESS **2511 CHAMBERLIN DR**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☐ DELETE
 NAME **BYE, RAYMOND**
 STREET ADDRESS **217 WESTCOTT, COPELAND & COLLEGE**
 CITY-ST-ZIP **TALLAHASSEE FL 32306-1330**

TITLE **D** ☒ DELETE
 NAME **KELLEY, JOSEPH A**
 STREET ADDRESS **444 COLLINSFORD DRIVE**
 CITY-ST-ZIP **TALLAHASSEE FL 32301**

TITLE **D** ☐ DELETE
 NAME **DODD, JACK**
 STREET ADDRESS **110 E. SINCLAIR RD**
 CITY-ST-ZIP **TALLAHASSEE FL 32312**

TITLE **D** ☒ DELETE
 NAME **WEST, JOE**
 STREET ADDRESS **31 HARBOUR DRIVE**
 CITY-ST-ZIP **CRAWFORDVILLE FL 32327**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **Vice Chair/Director** ☒ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE **Secretary/Director** ☒ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE **Treasurer/Director** ☐ Change ☒ Addition
 6.2 NAME **Jerry Osteryoung**
 6.3 STREET ADDRESS **2912 Brandemere Dr.**
 6.4 CITY-ST-ZIP **Tallahassee, FL 32312**

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, with all other like empowered.

SIGNATURE:

William B. McBride
 President

1/30/99
 Date

(850) 576-1830
 Daytime Phone #

CR2E037 (1/98)