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FILED  
Mar 16 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 # N94000004524 (4)

1. Corporation Name

ENTERPRISE FLORIDA JOBS AND EDUCATION PARTNERSHI  
P, INC.



Principal Place of Business

Mailing Address

325 JOHN KNOX ROAD  
BUILDING #200  
TALLAHASSEE FL 32303  
US

325 JOHN KNOX ROAD  
BUILDING #200  
TALLAHASSEE FL 32303  
US

3. Date Incorporated or Qualified

09/14/1994

4. FEI Number

59-3270417

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAGE, THOMAS P  
390 NORTH ORANGE AVENUE  
SUITE 1300  
ORLANDO FL 32801

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME LARSON, LANNY DR.  
STREET ADDRESS 325 JOHN KNOX ROAD, BLDG. #200  
CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ DELETE

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

TITLE D  
NAME JAMERSON, DOUG  
STREET ADDRESS 2012 CAPITAL CIRCLE, SE, ROOM 303  
CITY-ST-ZIP TALLAHASSEE FL ☐ DELETE

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

TITLE VP  
NAME ISENBURG, RAYMOND  
STREET ADDRESS 3209 VIRGINIA AVENUE  
CITY-ST-ZIP FT. PIERCE FL 34981 ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE SED  
NAME MAXWELL, CLARK  
STREET ADDRESS 1314 FLORIDA EDUCATION CENTER  
CITY-ST-ZIP TALLAHASSEE FL 32399-0400 ☒ DELETE

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

TITLE D  
NAME KIRKPATRICK, SEN. GEORGE  
STREET ADDRESS 1103 N.W. 13TH ST.  
CITY-ST-ZIP GAINESVILLE FL 32601 ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME MALOY, DR. WILLIAM L  
STREET ADDRESS 215 W. GARDEN ST.  
CITY-ST-ZIP PENSACOLA FL 32501 ☐ DELETE

6.1 TITLE ☐ Change ☐ 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:

Mr. Jim Apthorp  
Chairman  
Atlantic Gulf Communities  
10008 N. Dale Mabry Hwy., Ste. D117  
Tampa, FL 33618

CR2E037 (10/97)