

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004560 (8)

1. Corporation Name

THE WALDEC EDUCATION FOUNDATION, INC.



Principal Place of Business

Mailing Address

5050 W. LEMON ST.
TAMPA FL 33609

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TAMPA FL 33609

3. Date Incorporated or Qualified
09/15/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 564 ALPHA PRIVE

22 City & State

27 Suite, Apt. #, etc.
28 PITTSBURGH PA

23 Zip Country

29 15238 30 US

4. FEI Number
59-3284472

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVE.
SUITE 200
TALLAHASSEE FL 32301

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
NAME WALLACE, THOMAS E
STREET ADDRESS 5151 ISLA KEY, UNIT 119
CITY - ST - ZIP ST. PETERSBURG FL 33715

☐ DELETE

TITLE TD
NAME ADAMEK, R K
STREET ADDRESS 3903 BRIDGEWOOD DR.
CITY - ST - ZIP MURRYSVILLE PA 15668

☐ DELETE

TITLE CD
NAME HUATT, DONALD M
STREET ADDRESS 1056 S MILITARY TRAIL #204
CITY - ST - ZIP DEERFIELD BEACH FL 33442

☒ DELETE

TITLE D
NAME MITCHELS, FREDDIE A JR
STREET ADDRESS 17714 LONG RIDGE RD
CITY - ST - ZIP TAMPA FL 33647

☒ DELETE

TITLE D
NAME KAUFMAN, LELA J
STREET ADDRESS 4606 MARS CRT
CITY - ST - ZIP ORLANDO FL 32839

☐ DELETE

TITLE D
NAME QUINT, LISA
STREET ADDRESS 12118 HARVARD DR
CITY - ST - ZIP PITTSBURGH PA 15235

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

2.1 TITLE V, T, S, D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/96

Date

(412) 967-6777

Daytime Phone #

0011844

CR2E037 (3/96)