SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF REVOKED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005370 (1)**

1. Corporation Name
FLORIDA SCHOOL DISTRICT COOPERATIVE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
203 S. MONROE STREET TALLAHASSEE FL 32301	203 S. MONROE STREET TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 10/28/1994
3a. Date of Last Report:
4. FEI Number: ☑ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 208 S. Monroe St.	26 P. O. Box 1108
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Tallahassee, Fl	City & State 28 Tallahassee, Fl
Zip 24 32301 Country 25	Zip 29 32302 Country 30

9. Name and Address of Current Registered Agent

CARLSON, JOHN D
1709-D MAHAN DRIVE
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Gaines, John F.
82 Street Address (P.O. Box Number is Not Acceptable): P. O. Box 1108
83
84 City: Tallahassee, FL 85 Zip Code: 32302

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: _____ DATE: 6/28/95
Signature of new or amended registered agent, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	HOBSON, JOYCE	1.2 NAME	Whiteley, Andrea	
STREET ADDRESS	2440 S.E. FEDERAL HWY., #600	1.3 STREET ADDRESS	7726 Chase Road, Lakeland 33809	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	P	☐ Change ☒ Addition
NAME	SIRIANNI, MARGARET	2.2 NAME	Gaines, John F.	
STREET ADDRESS	1394 FLORIDA AVENUE	2.3 STREET ADDRESS	P. O. Box 1108	
CITY-ST-ZIP	FORT MYERS FL 33901	2.4 CITY-ST-ZIP	Tallahassee, Fl 32302-1108	
TITLE	D	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SUTHERLAND, LINDA	3.2 NAME	Blanton, Wayne	
STREET ADDRESS	1911 MAPLEWOOD DRIVE	3.3 STREET ADDRESS	203 S. Monroe St., Tallahassee 02	
CITY-ST-ZIP	ORLANDO FL 32803	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BARNETT, SAM	4.2 NAME		
STREET ADDRESS	1010 COLISEUM AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	LIVE OAK FL 32060	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HARTSELL, SHARON	5.2 NAME	Janice Mee	
STREET ADDRESS	1471 FRUIT COVE ROAD	5.3 STREET ADDRESS	1701 Clower Creek Drive, #159	
CITY-ST-ZIP	JACKSONVILLE FL 32259	5.4 CITY-ST-ZIP	Sarasota, Fl 34231	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	HINESLEY, HOWARD	6.2 NAME		
STREET ADDRESS	301 4TH STREET S.W.	6.3 STREET ADDRESS		
CITY-ST-ZIP	LARGO FL 34640	6.4 CITY-ST-ZIP		

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)(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: _____ 6/28/95 Date
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
904 222-2258 Daytime Phone #

CR2E037 (3/95)

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