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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

## DOCUMENT # N9500000921 (5)

BRIGHT IDEAS EDUCATIONAL FOUNDATION, INC.

Principal Place of Business

Mailing Address



Suite, Apt. #, etc  Suite, Apt. #, etc  27  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  City & State  City & State  Pahokee Florida  Country  Country  Suite, Apt. #, etc.  5. Certificate of Status Desired Fee Required  6. Election Campaign Financing  Trust Fund Contribution Added to Fees  Added to Fees  South, Apt. #, etc.  Suite, Apt. #, etc.  Fee Required  City & State  City & State  City & State  City & State  Trust Fund Contribution Added to Fees  Added to Fees  Country  South, Apt. #, etc.  South, Ap	3030 SEVILLE STREET 3030 SEVILLE STREET PAHOKEE FL 33476 PAHOKEE FL 33476								
Supplementary   Supplementar						3. Date Incorporated or Qualific 02/24/1995	a. Date o	f Last Report	
Count State    Count	21 401 5	ihirley Drive	26 401 Shirle	ey I	nive			Not Applicable	
Addition   Steel Horse   Addition   Additi	22 Suite, Apt.	#, eic	27			5. Certificate of Status Desired	\$		
20	City & State 23 Pahr			Flo	ida	Election Campaign Financing     Trust Fund Contribution	· 🖂 .		
AMERILAWYER 343 ALMERNA AVE.  CORAL GABLES FL 33134  B1 Name B2 Stroot Address (P.O. Box Number is Not Acceptable)  350  B4 City  FL B5 Zip Code  11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Florids Statutes. In above-named corporation submits this statement for the purpose of charging its registered agant or both in the State of Florids. Such change was administed by the corporation's board of directors. I hereby accept the approximant are registered agant at a minister in a minister in a discorption of property of the purpose of charging its registered agant at a minister in	Zip 334	Country		_ ′				ider s. 199.032,	
AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134  82 Street Assures (P.O. Box Number is Not Acceptable)  83   84 City   FL   85 Zap Code  11. Pursuant to the provisions of Sections 817,0502 and 617,1508, Florida Statutes. In above-named corporation submits this statement for the purpose of changing its registered office or registered againt, or both in the State of Florida. Such change was authorized by the corporation's board of deciders. Thereby accept the appointment as registered againt, and accept the displactor of Section 617,0505, Provide Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  14. In the State of Section 617,0505, Provide Statutes. In a above-named corporation submits this statement for the purpose of changing its registered againt, and accept the deployment of sections of the section of corporation is board of deciders. Thereby accept the appointment as registered againt, and accept the deployment of the section of the s				<u> </u>				nt	
343 ALMERIA AVE.  CORAL GABLES FI. 33134  33  11. Pursuant to the provisions of Sections 617 (2502 and 617 1500. Florida Statutes the above named corporation submits this statement for the purpose of changing its registered addition or registered above, to both in the State of Richals. Such change was additioned by the corporation's board of directors. I hereby accept the objection of registered agent, to both in the State of Richals. Statutes additioned by the corporation's board of directors. I hereby accept the object the purpose of changing its registered agent. I am feath and accept the object of the objec				81	Name		·-· ·· · · · · · · · · · · · · · · · ·		
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14. LOO Dereby Certify that the information supplied with this tiling is voluntarily turnished and does not quality for the exemption stated in Section 110 07/39/W. Encide Section 1.0.07/39/W. Encide Section 1.0.07/39/W.		y certify that the information supplied wi	th this films is voluntarily furnished	■ 64 CITY-S	T-ZIP sinot oue	life for the exemption stated in Section 1	19 07/31/W Florida	Statutes   further	

14. To or hereby certify that the information supplied with this hing is voluntarily turnished and does not qualify for the exemption stated in Section 1.19 07(3)(k). Florida Statutes. I further certify that the ir formation indicated on this annual report is 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 IND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

5/01/96 (56) 924-1775

CR2E037 (12/95)