

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000921 (5)

1. Corporation Name

BRIGHT IDEAS EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

3030 SEVILLE STREET
PAHOKEE FL 33476

Mailing Address

3030 SEVILLE STREET
PAHOKEE FL 33476

3. Date Incorporated or Qualified
02/24/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 401 Shirley Drive

26 401 Shirley Drive

4. FEI Number

65-0557984

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 City & State

Pahokee Florida

28 City & State

Pahokee Florida

6. Election Campaign Financing

Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24 Zip

33476

25 Country

U.S.

29 Zip

33476

30 Country

U.S.

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

AMERILAWYER
343 ALMERIA AVE.
CORAL GABLES FL 33134

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
NAME JOSEPH, LINDA M - D
STREET ADDRESS 3030 SEVILLE STREET
CITY-ST-ZIP PAHOKEE FL 33476

TITLE
NAME P
STREET ADDRESS Cunningham, Rosemary
CITY-ST-ZIP 300 Main Street
Pahokee, Florida 33476

TITLE
NAME VP
STREET ADDRESS Michael H. Joseph, Jr.
CITY-ST-ZIP 3030 Seville Street
Pahokee, Florida 33476

TITLE
NAME Sec/Trea.
STREET ADDRESS Diane Walker
CITY-ST-ZIP 868 Eisenhower Dr.
Pahokee, Florida 33476

TITLE
NAME Brown, Carolyn - D
STREET ADDRESS 429 N. Coconut Road
CITY-ST-ZIP Pahokee, Florida 33476

TITLE
NAME Harvey, Karen - D
STREET ADDRESS 284 Cypress Ave
CITY-ST-ZIP Pahokee, Florida 33476

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME LINDA M Joseph - D
1.3 STREET ADDRESS 3030 Seville Street
1.4 CITY-ST-ZIP Pahokee Florida 33476

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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)(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

5/01/96 (561) 924-7775

Daytime Phone #

CR2E037 (12/95)