


FILE NOW: FILING FEE IS \$61.25

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Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000000921 (5)**

1. Corporation Name

BRIGHT IDEAS EDUCATIONAL FOUNDATION, INC.



Principal Place of Business 401 SHIRLEY DRIVE PAHOKEE FL 33476 US	Mailing Address 401 SHIRLEY DRIVE PAHOKEE FL 33476 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 02/24/1995		3a. Date of Last Report 05/24/1996	
				4. FEI Number 65-0557984		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVE. CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Veronica Young - President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH, LINDA M	1.2 NAME	381 Seville Street
STREET ADDRESS	3030 SEVILLE STREET	1.3 STREET ADDRESS	Pahokee, FL 33476
CITY-ST-ZIP	PAHOKEE FL	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	Cunningham, Rosemary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, ROSEMARY	2.2 NAME	Director
STREET ADDRESS	300 MAIN STREET	2.3 STREET ADDRESS	300 Main Street
CITY-ST-ZIP	PAHOKEE FL	2.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	Secretary / Treasure <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSEPH, MICHAEL H JR.	3.2 NAME	Helen Martin
STREET ADDRESS	3030 SEVILLE STREET	3.3 STREET ADDRESS	930 Palm Blvd.
CITY-ST-ZIP	PAHOKEE FL	3.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, DIANE	4.2 NAME	Diane Walker
STREET ADDRESS	868 EISENHOWER DR.	4.3 STREET ADDRESS	868 Eisenhower Drive
CITY-ST-ZIP	PAHOKEE FL	4.4 CITY-ST-ZIP	Pahokee, FL 33476
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BROWN, CAROLYN	5.2 NAME	
STREET ADDRESS	429 N. COCONUT ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	HARVEY, KAREN	6.2 NAME	
STREET ADDRESS	284 CYPRESS AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAHOKEE FL	6.4 CITY-ST-ZIP	

14. I do 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: Linda M. Joseph 4/14/97 (561) 924-7775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076925

CR2E037 (9/96)