

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
401 SHIRLEY DRIVE PAHOKEE FL 33476 US	P O BOX 458 PAHOKEE FL 33476 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified

02/24/1995

4. FEI Number

65-0557984

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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	P	<input type="checkbox"/> DELETE
NAME	YOUNG, VERONICA	
STREET ADDRESS	3031 SEVILLE ST	
CITY-ST-ZIP	PAHOKEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	CUNNINGHAM, ROSEMARY	
STREET ADDRESS	300 MAIN STREET	
CITY-ST-ZIP	PAHOKEE FL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MARTIN, HELEN	
STREET ADDRESS	930 PALM BLVD	
CITY-ST-ZIP	PAHOKEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WALKER, DIANE	
STREET ADDRESS	868 EISENHOWER DR.	
CITY-ST-ZIP	PAHOKEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, CAROLYN	
STREET ADDRESS	429 N. COCONUT ROAD	
CITY-ST-ZIP	PAHOKEE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HARVEY, KAREN	
STREET ADDRESS	284 CYPRESS AVE.	
CITY-ST-ZIP	PAHOKEE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Michael H. Joseph, Jr.	
1.3 STREET ADDRESS	3030 Seville Street	
1.4 CITY-ST-ZIP	Pahokee, FL 33476	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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: **Veronica Young** **Veronica Young** **3-16-98** **(561)924-2968**

CR2E037 (10/97)