Applied For

Fee Required

\$5.00 May Be

Added to Fees

\$8.75 Additional

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

Suite, Apt. #, etc.

City & State

27

28

29

Zip

DOCUMENT # N9500000921

Country

25

1. Corporation Name

Suite: Apt. #, etc.

City & State

Zip

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				

9. Name and Address of Current Registered Agent

FILED	
Jul 12, 1999 8:00 an	n
Secretary of State	
Secretary of State	

07-12-1999 90015 044 ****70.00



 Date Incorporated or Qualified 02/24/1995

5. Certifcate of Status Desired

Trust Fund Contribution

Election Campaign Financing

10. Name and Address of New Registered Agent

4. FEI Number

65-0557984

AMERILAWYER				Street Address (P.O. Box Number is Not Acceptable)								
343 ALME	ERIA AVE.											
CORAL G	ABLES FL 33134		83								Į	
			84	City					FL		Code	
 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: Signature: typed of plinted name of registered agent eight title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRECTORS		13.					TO OFFICER		_		
mue	P	□ DELETE	1.1 TITLE		Vice	Presic	lent		[) Change	Addition	
NAME	YOUNG, VERONICA		1.2 NAME		Michael	H	Joseph	Jr.			-	
TREET ADDRESS	3031 SEVILLE ST		1.3 STREET	ADDRESS	Michael 3030	Sevi	lle 5th	a o #				
CITY-ST-ZIP	PAHOKEE FL		1.4 CITY-ST	- ZIP	Pahoke	re_F	1 334	76c		_	3/	
mre	D	☐ DELETE	2.1 TITLE		Linda	M.	Juseph	Dire	cotor [Change	Addition	
NAME	CUNNINGHAM, ROSEMARY		2.2 NAME		3030 5	seville	e Stree	<u>+</u>				
STREET ADDRESS	-300-MAIN.STREET		2.3 STREET	ADDRESS_	Pahok	eo,F	1- 33	4-7-6-				
JTY-ST-ZIP	PAHOKEE FL		2. 4 CITY-S	T-ZIP						_		
TILE	ST	☐ DELETE	3.1 TITLE						[Change	Addition	
AME	Martin, Helen		3.2 NAME								ļ	
TREET ADDRESS	930 PALM BLVD		3.3 STREET	ADDRESS								
XTY-ST-ZIP	PAHOKEE FL		3.4. CITY-S	T-ZIP			_			=		
TILE	D	☐ DELETE	4.1 TITLE						. [☐ Change	Addition	
IAME	WALKER, DIANE		4. 2 NAME	}								
TREET ADDRESS	868 EISENHOWER DR.		4.3 STREET	address								
TY-ST-ZIP	PAHOKEE FL		4.4 CITY-ST	-ZIP						=		
ITLE .	D	☐ DELETE	5.1 TITLE						[Change	Addition	
IAME	BROWN, CAROLYN	İ	5.2 NAME									
TREET ADDRESS	429 N. COCONUT ROAD	Į.	5.3 STREET	ADDRESS								
ITY-ST-ZIP	PAHOKEE FL		5.4 CITY-S1	-ZIP	<u> </u>		_		<u> </u>	=		
TILE	D .	☐ DELETÉ	6.1 TITLE	}						☐ Change	Addition	
AME	HARVEY, KAREN	** *-	6.2 NAME									
TREET ADDRESS	284 CYPRESS AVE		6.3 STREET	ADDRESS							;	
ITY-ST-ZIP	PAHOKEE FL		6.4 CITY-S1		· · · · · · · · · · · · · · · · · · ·				,.=-			
14 I baraby a	artify that the information examined with this filing doe	e not qualify for the	a avamnti	an etatod	in Section 1	19 (17(3)/	n. ⊨londa Sta	atutes liturib	er certify	inat the	into mat ion	

Country

81 Name

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4. 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, with all other like empowered.

SIGNATURE:

HATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/99 Date 561)924-7775 Daytime Phone #