04081999-90079-046-$61.25-$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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DOCUMENT # N95000001337

1. Corporation Name

FRVTA EDUCATIONAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
401 N. PARSONS AVE. SUITE 107 BRANDON FL 33510	401 N. PARSONS AVE. SUITE 107 BRANDON FL 33510

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/21/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number — 65-0585006 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MILLER, RANDY 215 S. MONROE ST. 2ND FLOOR TALLAHASSEE FL 32301	81 Name MARC DUNBAR 82 Street Address (P.O. Box Number is not acceptable) 215 S. Monroe St 83 2nd Floor 84 City Tallahassee FL 85 Zip Code 32301

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 _____ 4/22/99
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	SANDERS, DELL		1.2 NAME	Jim Whidden	
STREET ADDRESS	4400 N.W. 6TH ST.		1.3 STREET ADDRESS	17028 US 19 N	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	CLEARWATER, FL 33764-7531	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TIBBITS, TOM		2.2 NAME		
STREET ADDRESS	4225 HWY. A1A SOUTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. AUGUSTINE FL 32034		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HART, LYN		3.2 NAME		
STREET ADDRESS	251 W. GARDEN ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32501		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILSON, DAVID LANCE		4.2 NAME		
STREET ADDRESS	2440 ROBERTA LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	KELLY, J. DAVID		5.2 NAME	DAVID J. KELLY	
STREET ADDRESS	420 GULF BLVD #420		5.3 STREET ADDRESS	17631 NATHAN'S DR	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL		5.4 CITY-ST-ZIP	TAMPA, FL 33647	
TITLE	STD	☐ DELETE	6.1 TITLE	STD	☒ Change ☐ Addition
NAME	FAULK, KARLA		6.2 NAME	KARLA REIGNER	
STREET ADDRESS	3209 DEER COURT		6.3 STREET ADDRESS	11512 HERON HILLS LN	
CITY-ST-ZIP	BRANDON FL 33511		6.4 CITY-ST-ZIP	RIVERVIEW, FL 33569	

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, with all other like empowered.

SIGNATURE: Signature REQUIRED 4/2/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(11/98)