

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 # **N95000005277 (7)**

1. Corporation Name
FOUNDATION FOR COMPUTER EDUCATION, INC.



Principal Place of Business: **10410 TAMI TRAIL HUDSON FL 34669**
Mailing Address: **10410 TAMI TRAIL HUDSON FL 34669**

3. Date Incorporated or Qualified: **11/07/1995**
3a. Date of Last Report

21	2. Principal Place of Business 10030 SR 52	2a. Mailing Address 10030 SR 52	4. FEI Number 59-3347453	Applied For <input type="checkbox"/>
22	Suite, Apt. #, etc. 10030	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State HUDSON, FL	City & State HUDSON, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip 34669	25 Country	29 Zip 34669	30 Country

9. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR 6645 RIDGE ROAD PROT RICHEY FL 34668-8		10. Name and Address of New Registered Agent		
81	Name Thomas W. Mitchell Jr.	82	Street Address (P.O. Box Number is Not Acceptable) 533 Main Street	83
84	City New Port Richey	85	State FL	86
			Zip Code 34652	

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: *Thomas W. Mitchell Jr.* **Thomas W. Mitchell, Jr.** DATE: **4/23/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIN, ED	1.2 NAME	
STREET ADDRESS	10410 TAMI TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRETT, SCOTT	2.2 NAME	
STREET ADDRESS	1064 FLORIAN WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL 34609	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITCHELL, THOMAS	3.2 NAME	
STREET ADDRESS	5332 MAIN STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELEHANTY, AILEEN	4.2 NAME	
STREET ADDRESS	7831 NEW YORK AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HUDSON FL 34667	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Edmond R. Poulin* **Edmond R. Poulin** DATE: **4-15-96** DAYTIME PHONE #: **913-838-4306**

CR2E037 (12/95)