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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

2. Principal Place of Business

2a. Mailing Address

21 10030 SR 52

26 10030 SR 52

4. FEI Number

59-3347453

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 10030

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 HUDSON, FL

28 HUDSON, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34669

25

29 34669

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TORRENCE, ALFRED W JR
6645 RIDGE ROAD
PROT RICHEY FL 34668-8

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

FL

85 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 ☐ DELETE
NAME POULIN, ED
STREET ADDRESS 10410 TAMI TRAIL
CITY-ST-ZIP HUDSON FL 34667

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME BARRETT, SCOTT
STREET ADDRESS 1064 FLORIAN WAY
CITY-ST-ZIP SPRING HILL FL 34609

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MITCHELL, THOMAS
STREET ADDRESS 5332 MAIN STREET
CITY-ST-ZIP NEW PORT RICHEY FL 34652

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DELEHANTY, AILEEN
STREET ADDRESS 7831 NEW YORK AVENUE
CITY-ST-ZIP HUDSON FL 34667

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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: Edmund R. Poulin Edmund R. Poulin

4-15-96

913-838-4306

SIGNATURE AND TYPED OR PRINTED NAME OF AN OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)