

**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

2. Principal Place of Business  
21 10030 SR 52  
Suite, Apt. #, etc.  
22 10030  
City & State  
23 HUDSON, FL  
Zip Country  
24 34669 25  
2a. Mailing Address  
26 10030SR 52  
Suite, Apt. #, etc.  
27  
City & State  
28 HUDSON, FL.  
Zip Country  
29 34669 30

4. FEI Number: 59-3347453  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 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. 4/23/96  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POULIN, ED	
STREET ADDRESS	10410 TAMI TRAIL	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARRETT, SCOTT	
STREET ADDRESS	1064 FLORIAN WAY	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MITCHELL, THOMAS	
STREET ADDRESS	5332 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DELEHANTY, AILEEN	
STREET ADDRESS	7831 NEW YORK AVENUE	
CITY-ST-ZIP	HUDSON FL 34667	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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 4-15-96 913-838-4306  
SIGNATURE AND TYPED OR PRINTED NAME OF AN OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)