

5-1-97 B-5945 C
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 May 01 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005277 (7)
 1. Corporation Name
FOUNDATION FOR COMPUTER EDUCATION, INC.



Principal Place of Business 10030 SR 52 HUDSON FL 34669 US	Mailing Address 10030 SR 52 HUDSON FL 34669-3086 US
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3. Date Incorporated or Qualified 11/07/1995	3a. Date of Last Report 04/29/1996
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2. Principal Place of Business 21 14180 OLD DIXIE HWY Suite, Apt. #, etc. 22 HUDSON, FL. City & State 23 Zip 34667 Country PASCO	2a. Mailing Address 26 14180 OLD DIXIE HWY Suite, Apt. #, etc. 27 HUDSON, FL. City & State 28 Zip 34667 Country PASCO
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4. FEI Number 59-3347453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MITCHELL, THOMAS W JR.
 533 MAIN STREET
 NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when rehashing) DATE _____

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 1084 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 checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" 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	

4.1 TITLE **TREASURER**

4.2 NAME **DONALD C. HALE**

4.3 STREET ADDRESS **5046 S.A. 54**

4.4 CITY - ST - ZIP **NEW PORT RICHEY, FL. 34652**

14. I do 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.

SIGNATURE: Edmond R. Poulin **EDMOND R. POULIN 4-22-97 (813) 869-8471**

CR2E037 (9/96)