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NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1997 8:00am
Secretary of State

DOCUMENT # N95000005277 (7)

1. Corporation Name

FOUNDATION FOR COMPUTER EDUCATION, INC.

Principal Place of Business

Mailing Address

10030 SR 52
HUDSON FL 34669
US

10030 SR 52
HUDSON FL 34669-3086
US



3. Date Incorporated or Qualified
11/07/1995

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21 14180 OLD DIXIE HWY

26 14180 OLD DIXIE HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 HUDSON, FL.

27 HUDSON, FL.

City & State

City & State

23

28

Zip
34667

Country
PASCO

Zip
34667

Country
PASCO

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MITCHELL, THOMAS W JR.
533 MAIN STREET
NEW PORT RICHEY FL 34652

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D POULIN, ED
NAME
STREET ADDRESS 10410 TAMI TRAIL
CITY - ST - ZIP HUDSON FL 34667

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

TITLE D BARRETT, SCOTT
NAME
STREET ADDRESS 1084 FLORIAN WAY
CITY - ST - ZIP SPRING HILL FL 34809

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

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:

Edmund R. Poulin
EDMOND R. POULIN 4-22-97 (813) 869-8471

CR2E037 (9/96)