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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000005277

1. Corporation Name

FOUNDATION FOR COMPUTER EDUCATION, INC.

Principal Place of Business

14120 OLD DIXIE HIGHWAY
 HUDSON FL 34667
 US

Mailing Address

14120 OLD DIXIE HIGHWAY
 HUDSON FL 34667
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

11/07/1995

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-3347453

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 ~~533 MAIN STREET~~
 NEW PORT RICHEY FL 34652
~~PORT~~

81 Name

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

533 MAIN STREET

83

84 City NEW PORT RICHEY 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 reinstating)

DATE

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 PRESIDENT + DIRECTOR Change Addition
 1.2 NAME FRANK S. FISCHER
 1.3 STREET ADDRESS 9400 LAKE CHRISTINA LANE
 1.4 CITY-ST-ZIP PORT RICHEY, FL 34668

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

2.1 TITLE VICE PRESIDENT + DIRECTOR 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 TREASURER + DIRECTOR Change Addition
 3.2 NAME FRANK MOTTOGA
 3.3 STREET ADDRESS 6424 JUNIPER ROAD
 3.4 CITY-ST-ZIP PORT RICHEY, FL 34668

TITLE T DELETE
 NAME HALE, DONALD C.
 STREET ADDRESS 5246 S.R. 54
 CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE SECRETARY + DIRECTOR Change Addition
 4.2 NAME RICHARD NICNOLS
 4.3 STREET ADDRESS 8119 ROXBORO DRIVE
 4.4 CITY-ST-ZIP HUDSON, FL 34667

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 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, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 727-869-8471
 Date Daytime Phone #

CR2E037 (1/98)