FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9500005277 1. Corporation Name

FOUNDATION FOR COMPUTER EDUCATION, INC.

Principal Place of Business
14120 OLD DIXIE HIGHWAY HUDSON FL 34667 US

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

14120 OLD DIXIE HIGHWAY HUDSON FL 34667

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3. Date Incorporated or Qualifed

11/07/1995

59-3347453

4. FEI Number

City & State	9	City & State		5. Certificate of Status Desired \$8.75 Additional		
23		28		Fee Required		
Zip	Country	Zip	Country	6. Election Campaign Financing \$5.00 May Be		
24	25 29 30		10	Trust Fund Contribution Added to Fees		
Name and Address of Current Registered Agent 81				10. Name and Address of New Registered Agent		
				me .		
MITCHELL	, THOMAS W JR.		82 Str	82 Street Address (P.O. Box Number is Not Acceptable)		
533 NAIN STREET 593 MAIN STREET				33 MAIN STREET		
NEW PROT RICHEY FL 34652						
The state of the s			84 Cit	ty 85 Zip Code		
	••			IEW PORT RICHEY FL		
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 ar	od title if positionable (NOTE: E	tegistered Agent signs	sture required when reinstating) DATE		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	DELETE	1.1 TITLE	PRESIDENT + DIRECTOR Change MAddition		
NAME	POULIN, ED	-	1.2 NAME	The state of the s		
STREET ADDRESS	10410 TAMI TRAIL		1.3 STREET ADOR	9600 LAKE CHRISTINA LANG		
CITY-ST-ZIP	HUDSON FL 34667		1,4 CITY-ST-ZIP	PART RICHEY, FL 34668		
TITLE	D	☐ DELETE	2.1 TITLE	VICE PRESENT + DILECTOR Change Addition		
NAME	BARRETT, SCOTT		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDR	RESS		
CITY-ST-ZIP ```	SPRING HILL FL 34609		2. 4 CITY-ST-ZIP			
TITLE	D	DELETE	3.1 TITLE	TREASURER + DIRECTOR Change MAddition		
NAME	MITCHELL, THOMAS		3.2 NAME	FRANK MOTTOCA		
STREET ADDRESS			3.3 STREET ADDR	ESS 6424 JUNITER ROAD		
CITY-ST-ZIP	NEW PORT RICHEY FL 34652		3.4. CITY-ST-ZIP	PERT RICHEY, FL 34668		
TITLE	T	DELETE	4.1 TITLE	SECRETARY + DILEGIOL Change Addition		
NAME	HALE, DONALD C.		4, 2 NAME	21CHARD NICHOUS		
STREET ADDRESS			4.3 STREET ADDR			
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY- ST- ZIP	HUDSON, FL 34LLT		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition		
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDR	RESS		
CITY-ST-ZIP			5.4 CITY- ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition		
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDR	RESS .		
CITY-ST-ZIP			6.4 CITY-ST-ZIP			
14. I hereby	certify that the information supplied with	this filing does not qualify for t	he exemption st	tated 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 a 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:

REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-869-8471

Applied For

Not Applicable