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FILED
May 14 1997 8:00am
Secretary of State

**NONPROFIT
CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # N95000005797 (4)

1. Corporation Name

FLORIDA EDUCATION LENDERS ASSOCIATION, INC.

Principal Place of Business

**7700 N KENDALL DRIVE
C/O EFS SERVICES
ATTN: OFELIA QUINTERO
MIAMI, FL**

Mailing Address

**7700 N KENDALL DRIVE
C/O EFS SERVICES
ATTN: OFELIA QUINTERO
MIAMI, FL**

3. Date Incorporated or Qualified
12/06/1995

3a. Date of Last Report
07/12/1996

2. Principal Place of Business

1600 TAMiami TRAIL

2a. Mailing Address

1600 TAMiami TRAIL

4. FEI Number

65-0651347

Applied For

☐ Not Applicable

**C/O FIRST OF AMERICA BANK
ATTN: MICKY GRUBER**

**C/O FIRST OF AMERICA BANK
ATTN: MICKY GRUBER**

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

City & State
PORT CHARLOTTE, FL

City & State
PORT CHARLOTTE, FL

Zip Country
33948 USA

Zip Country
33948 USA

9. Name and Address of Current Registered Agent

**BERLIT CORPORATE SERVICES, INC.
848 BRICKELL AVENUE
SUITE 200
MIAMI, FL 33131**

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	QUINTERO, OFELIA	
STREET ADDRESS	7700 N. KENDALL DRIVE	
CITY- ST- ZIP	MIAMI, FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	GOMEZ, ALINA	
STREET ADDRESS	1320 S. DIXIE HIGHWAY	
CITY- ST- ZIP	CORAL GABLES, FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, ERNEST E.	
STREET ADDRESS	848 BRICKELL AVENUE	
CITY- ST- ZIP	MIAMI, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CATTIE, EUGENE	
1.3 STREET ADDRESS	3502 WALKERS FERRY RD	
1.4 CITY- ST- ZIP	MIDLOTHIAN, VA 23112	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GEARY, CLAUDIA	
2.3 STREET ADDRESS	1500 BEVILLE RD SUITE 606-247	
2.4 CITY- ST- ZIP	DAYTONA BEACH, FL 32114	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MICKY GRUBER	
3.3 STREET ADDRESS	1600 TAMiami TRAIL	
3.4 CITY- ST- ZIP	PORT CHARLOTTE, FL 33948	
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 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:

Micky Gruber
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MICKY GRUBER, TREASURER, FLORIDA EDUCATION LENDERS ASSOCIATION, INC.

05/12/1997 941-627-3322

Date Daytime Phone #

CR2E037 (9/96)