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Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005797 (4)**

1. Corporation Name

FLORIDA EDUCATION LENDERS ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1600 TAMiami TRAIL C/O FIRST AMERICAN BANK ATTN:MICKY GRUBER PORT CHARLOTTE FL 33948	1600 TAMiami TRAIL C/O FIRST AMERICAN BANK ATTN:MICKY GRUBER PORT CHARLOTTE FL 33948

3. Date Incorporated or Qualified	12/06/1995
4. FEI Number	65-0651347
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 PO Box 18223	26 PO Box 18223
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 TAMPA FL	28 TAMPA FL
Zip	Zip
24 33679-8223	29 33679-8223
Country	Country
25	30

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD KATHLEEN DONOHUE
NAME	CATTIE, EUGENE	1.2 NAME	PO BOX 18223
STREET ADDRESS	3502 WALKERS FERRY RD	1.3 STREET ADDRESS	TAMPA FL 33679
CITY-ST-ZIP	MIDLOTHIAN VA 23112	1.4 CITY-ST-ZIP	STREET ADDRESS NA
TITLE	SD	2.1 TITLE	SO
NAME	GEARY, CLAUDIA	2.2 NAME	SUSAN DORLING
STREET ADDRESS	1500 BEVILLE RD SUITE 608-247	2.3 STREET ADDRESS	14900 E. ORANGE LAKE BLVD. SUITE 108
CITY-ST-ZIP	DAYTONA BEACH FL 32114	2.4 CITY-ST-ZIP	KISSIMMEE, FL 34747
TITLE	TD	3.1 TITLE	TD
NAME	GRUBER, MICKY	3.2 NAME	MITTELHAMMER, PAUL
STREET ADDRESS	1600 TAMiami TRAIL	3.3 STREET ADDRESS	402 CARRIDGE PLACE CT.
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	3.4 CITY-ST-ZIP	DECATUR GA 30033
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Paul M. Mortham* 5/5/98 404 292-3764

CR2E037 (10/97)