

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90077 030 \*\*\*\*61.25

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1. Corporation Name

FLORIDA EDUCATION LENDERS ASSOCIATION, INC.

Principal Place of Business

P O BOX 18223  
TAMPA FL 33679-223  
US

Mailing Address

P O BOX 18223  
TAMPA FL 33679-223  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.  
1451 SW 25 Ave

City & State

Deerfield Beach, FL

Zip

33442

Country

US

2a. Mailing Address

26

Suite, Apt. #, etc.  
1451 SW 25 Ave

City & State

Deerfield Beach, FL

Zip

33442

Country

US

3. Date Incorporated or Qualified

12/06/1995

4. FEI Number

65-0651347

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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 ☒ DELETE  
NAME DONOHUE, KATHLEEN  
STREET ADDRESS P O BOX 18223 N/A  
CITY-ST-ZIP TAMPA FL 33679

TITLE SD ☐ DELETE  
NAME DARLING, SUSAN  
STREET ADDRESS 14900 E ORANGE LAKE BLVD, STE 108  
CITY-ST-ZIP KISSIMMEE FL 34747

TITLE TD ☒ DELETE  
NAME MITTELHAMMER, PAUL  
STREET ADDRESS 402 CARRIAGE PLACE CT  
CITY-ST-ZIP DECATUR GA 30033

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME PD Smith, Ernest  
1.3 STREET ADDRESS 848 Brickell Ave Suite 1140  
1.4 CITY-ST-ZIP Miami, FL 33131

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

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME TD Snow, John  
3.3 STREET ADDRESS 1451 SW 25 Avenue  
3.4 CITY-ST-ZIP Deerfield Bch, FL 33442

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

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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:

JOHN B. SNOW  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/99 (954) 422-1916  
Date Daytime Phone #

CR2E037 (11/98)