**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE .

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS---

DOCUMENT # N9600001730

1. Corporation Name

THE FOUNDATION FOR TECHNOLOGICAL EDUCATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

SIGNATURE:

Mailing Address

719 MAGELLON DR SARASOTA FL 34243 719 MAGELLON DR SARASOTA FL 34243

2a. Mailing Address

Suite, Apt. #, etc.

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## **FILED** Mar 02, 2000 8:00 am Secretary of State

03-02-2000 90181 044 \*\*\*\*61.25

B3930637

Applied For

Not Applicable



3. Date Incorporated or Qualifed

03/25/1996

31-1468177

4. FEI Number

| -City & State   | 9                                      | City-&: 8           |                   |          |        |                         |           | 5. Certifcate of Status Do      | esired     |               |               | Additional · - |
|---|--|---------------------|-------------------|----------|--------|-------------------------|-----------|---------------------------------|------------|---------------|---------------|----------------|
| - <u> </u>  |  | 28                  | 28                |          |        |                         |           | o. Germano di Ciatos Di         |            |               | Fee Re        | equired        |
| Zip   | Country                                | Zip                 | Cour              |          |        | ntry                    |           | 6. Election Campaign Fir        | nancing    |               |               | May Be         |
| <u> </u>  | 25 29 30                               |                     |                   |          |        | Trust Fund Contribution |           |                                 |            |               | Added         | to Fees        |
|   | 9. Name and Address of Currer          |                     |                   |          |        | 10. Name and Address    | f New     | Registered                      | Agent      |               |               |                |
|   |  |                     |                   | 1        | 81     | Name                    |           |                                 |            |               |               |                |
| CANNATA, GAETANO  |  |                     |                   |          | 82     | Street /                | Addr      | ess (P.O. Box Number is Not     | Accept     | able)         |               |                |
| 6809 26TH ST W  |  |                     |                   |          |        |                         |           | <u> </u>                        |            |               |               |                |
| BRADENTON FL 34207  |  |                     |                   |          | 83     |                         |           |                                 |            |               |               | (              |
| DI II DETTI COLLO   |  |                     |                   |          | 84     | City                    |           |                                 |            | <del></del>   | 85 Zip (      | Code           |
|   |  |                     |                   | 1        |        | •                       |           |                                 |            | 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 and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  |  |                     |                   |          |        |                         |           |                                 |            |               |               |                |
| 12.   | OFFICERS AND DIRECTORS                 |                     |                   | 13.      |        |                         |           | ADDITIONS/CHANGES               | TO O       |               | D DIRECTO     | ORS IN 12      |
| TITLE   | X PRESIDENT                            |                     | DELETE .          | 1.1 TITL | LE     | $\overline{}$           |           |                                 |            |               | ☐ Change      | ☐ Addition     |
| NAME  | OSMOND, DOUGLAS                        |                     |                   | 1.2 NA   |        |                         |           | EXECUTIVE DIREC                 | CTOR       |               |               |                |
| STREET ADORESS  | 6060 34TH ST'W                         |                     |                   | 1        |        | DDRE\$S                 | ٠.        | J, WILFRID GAG                  |            |               |               |                |
|   | BRADENTON FL                           |                     |                   | 1.4 CIT  |        |                         | مان<br>با | &! ( Magellon Di                |            | Saraso        | to F1         | 34243          |
| TITLE   | VP                                     |                     | DELETE            | 2.1 TITL |        | JI                      |           | - (                             | · <u>·</u> | OGIASO        | Change        | Addition       |
| NAME  | CHAMMEL, PETER                         |                     |                   | 2.2 NA   |        |                         |           |                                 |            |               |               | 1              |
| STREET ADDRESS  | 1330 CUMBERLAND RD                     |                     |                   |          |        | DÖRESS I                | }         |                                 |            |               |               |                |
| CITY-ST-ZIP   | VENICE FL                              |                     | •                 | 2.4 CIT  |        |                         |           |                                 |            |               |               |                |
| TITLE   | STR                                    |                     | DELETE            | 3.1 TITI |        |                         | _         |                                 |            | <del></del> - | Change        | ☐ Addition     |
| NAME  | BRIDGES, CHRISTINE                     |                     |                   | 3.2 NA   | ME     |                         |           |                                 |            |               |               |                |
| STREET ADDRESS  |  |                     |                   | 3.3 STF  | REET A | DORESS                  |           |                                 |            |               |               | ľ              |
| CITY-ST-ZIP   | SARASOTA FL 34237                      |                     |                   | 3.4. CIT | ry-st- | ZIĖ                     |           |                                 |            |               |               |                |
| TITLE   | D                                      |                     | DELETE            | 4.1 TITI |        |                         |           |                                 | _          |               | Change        | ☐ Addition     |
| NAME  |  |                     | 4. 2 NA           | ME       |        |                         |           |                                 |            |               | 1             |                |
| STREET ADDRESS  | 215 W 88TH ST                          |                     |                   | 4.3 STF  | REETA  | DDRESS                  |           |                                 |            |               |               |                |
| CITY-ST-ZIP   | NEW YORK NY                            |                     |                   | 4.4 CIT  | Y-ST-Z | ZIP                     |           |                                 |            |               |               | _              |
| TITLE   | D                                      |                     | DELETE            | 5.1 TIT  | LE     |                         |           |                                 | -          |               | Change        | ☐ Addition     |
| NAME  | MAYER, GEORGE                          |                     |                   | 5.2 NA   | ME     |                         |           |                                 |            |               |               | ſ              |
| STREET ADDRESS  | 13 NAUTICAL WATCH                      |                     |                   | 5.3 STF  | REETA  | DDRESS                  |           |                                 |            |               |               |                |
| CITY-ST-ZIP   | FROGMORE SC                            |                     |                   | 5.4 CIT  | Y-ST-Z | ZIP                     |           |                                 |            |               |               |                |
| TITLE   |  |                     | DELETE            | 6.1 TITI | LE     |                         |           | <del></del>                     |            |               | ☐ Change      | ☐ Addition     |
| NAME  |  |                     |                   | 6.2 NA   | ME     |                         |           |                                 |            |               |               |                |
| STREET ADDRESS  |  |                     |                   | 6.3 STF  | REET A | DORESS                  | l         |                                 |            |               |               |                |
| CITY-ST-ZIP   | ers North Ass                          |                     |                   | 6.4 CIT  |        |                         | ]         |                                 |            |               |               |                |
| 14 I becabus  | artifuthat the information cumplied wi | th this filing does | not qualify for t | he exen  | notion | n stated                | in S      | Section 119.07(3)(i), Florida S | tatutes    | I further cer | tify 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. |  |                     |                   |          |        |                         |           |                                 |            |               |               |                |