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FILED

Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002011 (2)

1. Corporation Name

FLORIDA EDUCATIONAL TECHNOLOGY CORPORATION



Principal Place of Business

Mailing Address

2851 REMINGTON GREEN CIRCLE
SUITE B
TALLAHASSEE FL 323082851 REMINGTON GREEN CIRCLE
SUITE B
TALLAHASSEE FL 32308-3749

3. Date Incorporated or Qualified

04/15/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2852 Remington Green Circle

26 P. O. Box 13468

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 203

27

City & State

City & State

23 Tallahassee, FL

28 Tallahassee, FL

Zip

Country

Zip

Country

24 32308

25 USA

29 32317-3468

30 USA

4. FEI Number

59-3388610

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EASON, D. MICHAEL
2851 REMINGTON GREEN CIRCLE
SUITE B
TALLAHASSEE FL 32308

81 Name

D. Michael Eason

82 Street Address (P.O. Box Number is Not Acceptable)

704 Duparc Circle

83

84 City

Tallahassee

FL

85 Zip Code
32312

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 OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

Pres/Director

☐ Change ☒ Addition

NAME

1.2 NAME

D. Michael Eason

STREET ADDRESS

1.3 STREET ADDRESS

704 Duparc Circle

CITY - ST - ZIP

1.4 CITY - ST - ZIP

Tallahassee, FL 32312

TITLE ☐ DELETE

2.1 TITLE

Vice Pres/Director

☐ Change ☒ Addition

NAME

2.2 NAME

Robert Bedford

STREET ADDRESS

2.3 STREET ADDRESS

PL 08 The Capitol Bldg

CITY - ST - ZIP

2.4 CITY - ST - ZIP

Tallahassee, FL 32399

TITLE ☐ DELETE

3.1 TITLE

Sec/Director

☐ Change ☒ Addition

NAME

3.2 NAME

Helen Blanch

STREET ADDRESS

3.3 STREET ADDRESS

13660 SW 100 Ave

CITY - ST - ZIP

3.4 CITY - ST - ZIP

Miami, FL 33176

TITLE ☐ DELETE

4.1 TITLE

Treas/Director

☐ Change ☒ Addition

NAME

4.2 NAME

Jorge Ortega

STREET ADDRESS

4.3 STREET ADDRESS

2757 W. Pensacola St

CITY - ST - ZIP

4.4 CITY - ST - ZIP

Tallahassee, FL 32304

TITLE ☐ DELETE

5.1 TITLE

Director

☐ Change ☒ Addition

NAME

5.2 NAME

David Brittain

STREET ADDRESS

5.3 STREET ADDRESS

2425 Torreya Drive

CITY - ST - ZIP

5.4 CITY - ST - ZIP

Tallahassee, FL 32303

TITLE ☐ DELETE

6.1 TITLE

Deputy Exec Director

☐ Change ☒ Addition

NAME

6.2 NAME

Laurie Freeman

STREET ADDRESS

6.3 STREET ADDRESS

6312 Pickney Hill Road

CITY - ST - ZIP

6.4 CITY - ST - ZIP

Tallahassee, FL 32312

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: Laurie Freeman, Deputy Exec Director (904) 386-4969

CR2E037 (9/96)