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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90015 028 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N96000002011

1. Corporation Name

FLORIDA EDUCATIONAL TECHNOLOGY CORPORATION

Principal Place of Business

2121 KILLARNEY WAY
SUITE E
TALLAHASSEE FL 32308
US

Mailing Address

POST OFFICE BOX 13468
TALLAHASSEE FL 32317-468
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/15/1996

4. FEI Number

59-3388610

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

EASON, D. MICHAEL
704 DUPARC CIRCLE
TALLAHASSEE FL 32312

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 type="checkbox"/> DELETE
NAME	EASON, D. MICHAEL	
STREET ADDRESS	704 DUPARC CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEDFORD, ROBERT	
STREET ADDRESS	PL 08 OF THE CAPITOL BLDG.	
CITY-ST-ZIP	TALLAHASSEE FL 32399	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BLANCH, HELEN	
STREET ADDRESS	13660 SW 100TH AVE	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ORTEGA, JORGE	
STREET ADDRESS	2757 W. PENSACOLA ST	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRITTAIN, DAVID	
STREET ADDRESS	2425 TORREYA DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, LAURIA	
STREET ADDRESS	6312 PICKNEY HILL ROAD	
CITY-ST-ZIP	TALLAHASSEE FL 32312	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1904 Miccosukee Rd., Unit #3
2.4 CITY-ST-ZIP	Tallahassee, FL 32308
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	13135 SW 26th Street
3.4 CITY-ST-ZIP	Miami, FL 33175
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 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:

D. Eason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 850-894-3810
Date Daytime Phone #

CR2E037 (11/98)