


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
AND  
FILED

97 SEP 29 PM 2:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003408 (9)**

1. Corporation Name

**CITIZENS FOR EDUCATION INC.**

Principal Place of Business

Mailing Address

**1751 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33713**

**1751 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33713**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/24/1996**

3a. Date of Last Report

**N/A**

2. Principal Place of Business

2a. Mailing Address

**21**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22**

**27**

City & State

City & State

**23**

**28**

Zip

Country

Zip

Country

**24**

**25**

**29**

**30**

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, DAVID F  
1751 FIRST AVENUE NORTH  
ST. PETERSBURG FL 33713**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

TITLE ☐ DELETE

1.1 TITLE

**EXECUTIVE DIRECTOR** ☐ Change ☒ Addition

NAME

1.2 NAME

**DAVID F JACKSON**

STREET ADDRESS

1.3 STREET ADDRESS

**1751 1ST AVENUE NORTH**

CITY-ST-ZIP

1.4 CITY-ST-ZIP

**ST. PETERSBURG, FL 33713**

TITLE ☐ DELETE

2.1 TITLE

**Asst. Exec. Director** ☐ Change ☒ Addition

NAME

2.2 NAME

**Loida S. Lufkin**

STREET ADDRESS

2.3 STREET ADDRESS

**1751 1st Ave. N.**

CITY-ST-ZIP

2.4 CITY-ST-ZIP

**St. Petersburg, FL 33713**

TITLE ☐ DELETE

3.1 TITLE

**Director** ☐ Change ☒ Addition

NAME

3.2 NAME

**Bill Preuz**

STREET ADDRESS

3.3 STREET ADDRESS

**288 6th Ave. S.**

CITY-ST-ZIP

3.4 CITY-ST-ZIP

**St. Petersburg, FL 33701**

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

**900002309369--4**

TITLE ☐ DELETE

5.1 TITLE

**-10/01/97-0109-016**

NAME

5.2 NAME

**\*\*\*\*\*61.25 \*\*\*\*\*61.25**

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

**9/29/97**

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

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.

CR2E037 (4/97)