


FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005132 (3)**

1. Corporation Name

**THE FLORIDA EDUCATION AND REDEVELOPMENT FOUNDATION, INC.**



Principal Place of Business <b>250 COMMUNITY COLLEGE PARKWAY SE PALM BAY FL 32909</b>	Mailing Address <b>250 COMMUNITY COLLEGE PARKWAY SE PALM BAY FL 32909-2206</b>
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3. Date Incorporated or Qualified <b>10/07/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 939 Sable Circle S.E.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 P. O. Box 100280</b> Suite, Apt. #, etc.	4. FEI Number <b>APPLIED FOR</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22 Palm Bay, FL</b> City & State	<b>27 Palm Bay, FL</b> City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23 32909</b> Zip	<b>28 32910</b> Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, WILLIAM J  
217 SOUTH ADAMS STREET  
TALLASSEE FL 32302**

81 Name <b>Mr. Richard E. Benton, Esq.</b>	85 Zip Code <b>32312</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1415 E. Piedmont Street, Ste. 4</b>	
83	
84 City <b>Tallahassee</b>	

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 *Richard E. Benton* **Richard E. Benton, Esq.** **3/21/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>DP</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ADAMS, TOM B</b>		1.2 NAME <b>Brandon, Harry E.</b>	
STREET ADDRESS <b>11550 CR 507</b>		1.3 STREET ADDRESS <b>1900 S. Harbor City Blvd.</b>	
CITY-ST-ZIP <b>FELLSMERE FL 32948</b>		1.4 CITY-ST-ZIP <b>Melbourne, FL 32901</b>	
TITLE <b>DVP</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BRANDON, HARRY E</b>		2.2 NAME <b>Nanni, Robert</b>	
STREET ADDRESS <b>1900 S. HARBOR CITY BLVD., SUITE 333</b>		2.3 STREET ADDRESS <b>120 Malabar Road, SE</b>	
CITY-ST-ZIP <b>MELBOURNE FL 32901</b>		2.4 CITY-ST-ZIP <b>Palm Bay, FL 32907</b>	
TITLE <b>DS</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NANNI, ROBERT</b>		3.2 NAME <b>Szuba, Thomas</b>	
STREET ADDRESS <b>120 MALABAR RD., S.E</b>		3.3 STREET ADDRESS <b>1415 Foundation Park Blvd.</b>	
CITY-ST-ZIP <b>PALM BAY FL 32907-3009</b>		3.4 CITY-ST-ZIP <b>Palm Bay, FL 32909</b>	
TITLE <b>DT</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SZUBA, TOM</b>		4.2 NAME	
STREET ADDRESS <b>1415 FOUNDATION PARK BLVD., SE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BAY FL 32909</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BATES, STAN DR.</b>		5.2 NAME	
STREET ADDRESS <b>MATERIALS SCIENCE BLDG., MAE-217</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>GAINESVILLE FL 32611</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 or changed, by, on an attachment with an address.

CR2E037 (9/96)

407-632-1111  
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