

2/18/98 B-2283C
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 Feb 18 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N97000002329 (7)
 1. Corporation Name
 FALU FOUNDATION, INC.



Principal Place of Business: 1836 HERMITAGE BLVD SUITE 200 TALLAHASSEE FL 32308-7706
 Mailing Address: 1836 HERMITAGE BLVD SUITE 200 TALLAHASSEE FL 32308-7706

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields.

3. Date Incorporated or Qualified: 04/25/1997
 4. FEI Number: 59-3455328
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 MORGAN, HERBERT F
 1836 HERMITAGE BLVD
 SUITE 200
 TALLAHASSEE FL 32308-7706

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUMMERLINE, STEPHEN G	
STREET ADDRESS	1330 NW 6TH ST, STE E	
CITY-ST-ZIP	GAINESVILLE FL 32601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORGAN, HERBERT F	
STREET ADDRESS	1836 HERMITAGE BLVD, STE 200	
CITY-ST-ZIP	TALLAHASSEE FL 32308-7706	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGELL, SCOTT	
STREET ADDRESS	POST OFFICE BOX 162505	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SUMMERLIN, STEPHEN G.	
1.3 STREET ADDRESS	1330 NW 6th ST, STE E	
1.4 CITY-ST-ZIP	GAINESVILLE, FL 32601	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ENGELL, SCOTT	
3.3 STREET ADDRESS	401 WHOOPING LOOP #1543	
3.4 CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32716	
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.

SIGNATURE: Herbert F. Morgan Herbert F. Morgan 2-13-98 850/422-1701

CR2E037 (10/97)