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NONPROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
Aug 03, 1999 8:00 am
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DOCUMENT # N98000002921

1. Corporation Name
FOUNDATION FOR RURAL EDUCATIONAL EXCELLENCE, INC

609830 - 90012 - 23

Principal Place of Business	Mailing Address
ROUTE 1 BOX 8500 PALATKA FL 32177	ROUTE 1 BOX 8500 PALATKA FL 32177

2. Principal Place of Business	2a. Mailing Address
21	28 Route 8 Box 8500
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 05/18/1998

4. FEI Number: 59-3515342 ☐ 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	10. Name and Address of New Registered Agent
SMITH, ROBERT E ROUTE 1 BOX 8500 PALATKA FL 32177	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 3841 Reid Street 83 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 817.1508, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EXECUTIVE DIRECTOR - D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBERT E. SMITH		1.2 NAME		
STREET ADDRESS	3841 REID ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		1.4 CITY-ST-ZIP		
TITLE	PRESIDENT - P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CATHY MERRITT		2.2 NAME		
STREET ADDRESS	3841 REID ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		2.4 CITY-ST-ZIP		
TITLE	TREASURER - T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHAW STARLING		3.2 NAME		
STREET ADDRESS	3841 REID ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		3.4 CITY-ST-ZIP		
TITLE	SECRETARY - S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JOYCE NUNTSBERGER		4.2 NAME		
STREET ADDRESS	3841 REID ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA FL 32177		4.4 CITY-ST-ZIP		
TITLE	DIRECTOR - D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVID BUCKLES		5.2 NAME		
STREET ADDRESS	200 S. 7TH ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	PALATKA, FL 32177		5.4 CITY-ST-ZIP		
TITLE	DIRECTOR - D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PAULA BARTON		6.2 NAME		
STREET ADDRESS	382 SOUTH BLVD E		6.3 STREET ADDRESS		
CITY-ST-ZIP	MACCLENNY, FL 32063		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 an attachment with an address, with all other like empowered.

SIGNATURE: Robert E. Smith SIGNATURE REQUIRED Robert E. Smith 7/20/99 904-329-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #