## **FILE NOW: FILING FEE IS \$61.25**

2a. Mailing Address

Suite, Apt. #, etc.

City & State ---

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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9800006270 1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

FLORIDIANS FOR SCHOOL CHOICE LEGISLATION, INC.

Principal Place of Business	Mailing Address
1000 BRICKELL AVE SUITE 900 MIAMI FL 33131	1000 BRICKELL AVE., SUITE 90 MIAMI FL 33131
•	

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90073 008 \*\*\*\*70.00

3. Date Incorporated or Qualifed

65-0874012

5. Certificate of Status Desired

11/02/1998

FEI Number

NAME HEFFERNAN, PATRICK J STREET ADDRESS 1000 BRICKELL AVE., SUITE 900 CITY-ST-ZIP MIAMI FL 33131 2.4 CITY-ST-ZIP	<del>-</del>
PERRONE, STEPHEN L 1000 BRICKELL AVE., SUITE 900 MIAMI FL 33131  83	
PERRONE, STEPHEN L 1000 BRICKELL AVE., SUITE 900 MIAMI FL 33131  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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, Topic or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Signature, Topic or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  Signature, Topic or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  TITLE  D  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  TITLE  D  AMAME  FAIR, T. WILLARD  12 NAME  S500 NW 25TH AVE.  13 STREET ADDRESS  CITY-ST-ZIP  MAMM FL 33147  14 CITY-ST-ZIP  NAME  HEFFERNAN, PATRICK J  D  DELETE  1 ITTLE  D  Change  Change  Change  Change  Change  Change  CHANGE  A CITY-ST-ZIP  MAMI FL 33131  CITY-ST-ZIP  MAMI FL 33131  DELETE  A CITY-ST-ZIP  MAMI FL 33131  CITY-ST-ZIP  MAMI FL 33131  DELETE  A CITY-ST-ZIP  MAMI FL 33131  CITY-ST-ZIP  MAMI FL 33131  DELETE  A CITY-ST-ZIP  A CITY-ST-ZIP  MAMI FL 33131	35
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1000 BRICKELL AVE., SUITE 900 MIAMI FL 33131  84 City FL 85 Zip Cor  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 report 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 regist agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its report of the foligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its report of directors. I hereby accept the appointment as registaged agent, or behavior of the purpose of changing its report of the purpose of changing its report of directors. I hereby accept the appointment as registaged agent and the freplication of the purpose of changing its report of directors. I hereby accept the appointment as registaged agent. In the purpose of changing its report of directors. I hereby accept the appointment as registaged agent. In the purpose of changing its report of change agent. I all in the purpose of changing its report of change agent. In the p	
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MIAMI FL 33131    84   City	
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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and tible if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  TILE D D DELETE 1.1 TILE D-Change  STREET ADDRESS NIAMI FL 33147  1.2 NAME  STREET ADDRESS NIAMI FL 33147  DELETE 2.1 TILE D-Change  HEFFERNAN, PATRICK J  STREET ADDRESS 1000 BRICKELL AVE., SUITE 900  MIAMI FL 33131  DELETE 3.1 TILE  D D-C DELETE 3.1 TILE  D C-Change.  CITY-ST-ZIP  MIAMI FL 33131  DELETE 3.1 TILE  D C-Change.  CITY-ST-ZIP  MIAMI FL 33131  DELETE 4.1 TILE  NAME  NAME  NIAMI FL 33131	:
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Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstature)  12. OFFICERS AND DIRECTORS  TITLE  D D DELETE  1.1 TITLE  D NAME  FAIR, T. WILLARD  STREETADORESS  8500 NW 25TH AVE.  MIAMI FL 33147  1.4 CITY-ST-ZIP  TITLE  D NAME  HEFFERNAN, PATRICK J STREET ADDRESS  CITY-ST-ZIP  MIAMI FL 33131  DELETE  2.1 TITLE  D T TITLE  D T T T T T T T T T T T T T T T T T T	tered ed
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TITLE DELETE 6.1 TITLE Change	] Addition
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STREET ADDRESS 6.3 STREET ADDRESS	.
CITY_ST_ZIP 6.4 CITY_ST_ZIP	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further certification stated in Section 119.07(3)(i), Florida Statutes. I further ce	nation

indicated on this annual report of supplemental annual report is due and accurate and that my signature shall have the same legal effect as it made throughout 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:

CR2E037..(11/98).

Applied For

\$8.75 Additional

Not Applicable