


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90098 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P19456</b>					
1. Corporation Name <b>FLORIDA STATE COUNCIL OF SENIOR CITIZENS EDUCATION &amp; RESEARCH FUND, INC.</b>					
Principal Place of Business 1515 E SILVER SPRINGS BLVD SUITE B-206 OCALA FL 34470 US			Mailing Address 117 C STREET, S.E. WASHINGTON DC 20003		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12773 W. Forest Hill Blvd		26		06/02/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 Suite 1213		27		58-1752092	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Wellington, FL		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		Trust Fund Contribution	
24 33414 25 USA		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COMERFORD GEORGE 5844 WESTERN WAY LAKE WORTH FL 33463				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	T	XX DELETE		1.1 TITLE	D	<input type="checkbox"/> Change	XX Addition
NAME	LAPIDUS, PHYIDUS			1.2 NAME	Jerry McLean		
STREET ADDRESS	2432 NW 63RD ST			1.3 STREET ADDRESS	6077 Montego Bay Loop		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	Ft. Myers, FL 33908		
TITLE	T	XX DELETE		2.1 TITLE	D	<input type="checkbox"/> Change	XX Addition
NAME	BUCHANAN, JEAN			2.2 NAME	Bob McMenemey		
STREET ADDRESS	7680 92ND ST N #209			2.3 STREET ADDRESS	2200 Park Central Blvd North; #700		
CITY-ST-ZIP	SEMOLE FL			2.4 CITY-ST-ZIP	Pompano Beach, FL 33064		
TITLE	VD	XX DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COLBY, LOU			3.2 NAME			
STREET ADDRESS	1018 POWERSONG STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	HOLIDAY FL			3.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBBINS, HELEN			4.2 NAME			
STREET ADDRESS	6814 SW 114TH PLACE #H			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COMERFORD, GEORGE			5.2 NAME			
STREET ADDRESS	5844 WESTERN WAY			5.3 STREET ADDRESS			
CITY-ST-ZIP	LAKE WORTH FL			5.4 CITY-ST-ZIP			
TITLE	PD	XX DELETE		6.1 TITLE	PD	<input type="checkbox"/> Change	XX Addition
NAME	BALE, GERALD			6.2 NAME	Tony Fransetta		
STREET ADDRESS	16091 BLATT BLVD., #112			6.3 STREET ADDRESS	12059 Sunset Point Court		
CITY-ST-ZIP	FT LAUDERDALE FL			6.4 CITY-ST-ZIP	Wellington, FL 33414		

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, with all other like empowered.

SIGNATURE: A. Fransetta SIGNATURE REQUIRED Tony Fransetta 3/1/99 561/793-7241

CR2E037 (11/98)