

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P34997** (7)

1. Corporation Name

FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDUCATION INC.



Principal Place of Business

Mailing Address

602 SARASOTA QUAY
SARASOTA FL 34236
US

602 SARASOTA QUAY
SARASOTA FL 34236
US

3. Date Incorporated or Qualified
08/07/1991

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21 **University of Florida**
Suite, Apt. #, etc.

26 **University of Florida**
Suite, Apt. #, etc.

22 **3059-3061 Weiner Hall**
City & State

27 **PO Box 118400**
City & State

23 **Gainesville, FL**
Zip Country

28 **Gainesville, FL**
Zip Country

24 **32611-8400** 25 **USA**

29 **36211-8400** 30 **USA**

4. FEI Number
13-6161619

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TOLLEY, JAMES L.
3800 S. TAMiami TR., SUITE N
SARASOTA FL 34239-6913

10. Name and Address of New Registered Agent

81 Name **John W. Felton**
82 Street Address (P.O. Box Number is Not Acceptable) **University of Florida**
83 **3061 Weiner Hall**
84 City **Gainesville** FL 85 Zip Code **32611-8400**

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 **John W. Felton, President**
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent must be at least 18 years of age and a resident of the State of Florida when filing.)

DATE **2/21/96**

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	NIELSEN, WILLARD D.	
STREET ADDRESS	ONE JOHNSON & JOHNSON PLAZA	
CITY-ST-ZIP	NEW BRUNSWICK NJ	
TITLE	CT	<input checked="" type="checkbox"/> DELETE
NAME	TOLLEY, JAMES L.	
STREET ADDRESS	289 CEDAR PARK CIR.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	GRUNIG, LARISSA	
STREET ADDRESS	UNIVERSITY OF MARYLAND	
CITY-ST-ZIP	COLLEGE PARK MD	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BERGEN, JOHN D.	
STREET ADDRESS	777 THIRD AVE.	
CITY-ST-ZIP	NEW YORK NY	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PT John W. Felton
2.3 STREET ADDRESS	University of Florida
2.4 CITY-ST-ZIP	Gainesville, FL 32611-8400
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VT BERGEN, John D
4.3 STREET ADDRESS	11 STARWIX
4.4 CITY-ST-ZIP	Pittsburgh, PA 15222-1354
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

John W. Felton John W. Felton, President 2/21/96 352-392-0280
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)