


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 25, 1999 8:00 am  
Secretary of State

02-25-1999 90024 040 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P34997</b>					
1. Corporation Name <b>FOUNDATION FOR PUBLIC RELATIONS RESEARCH AND EDUCATION INC.</b>					
Principal Place of Business <b>UNIVERSITY OF FLORIDA 3059-3061 WEINER HALL GAINESVILLE FL 32611-8400 US</b>			Mailing Address <b>UNIVERSITY OF FLORIDA P O BOX 118400 GAINESVILLE FL 36211-8400 US</b>		



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>08/07/1991</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>13-6161619</b>	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Zip <b>29</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country <b>25</b>		Country <b>30</b>			

9. Name and Address of Current Registered Agent <b>FELTON, JOHN W UNIVERSITY OF FLORIDA 3061 WEIMER HALL GAINESVILLE FL 32611</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

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 DATE 1/14/99  
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			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>VPT</b>				1.1 TITLE			
NAME <b>WHITE, W. WARD</b>				1.2 NAME			
STREET ADDRESS <b>720 E WISCONSIN AVE</b>				1.3 STREET ADDRESS			
CITY-ST-ZIP <b>MILWAUKEE WI 53202</b>				1.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>PT</b>				2.1 TITLE			
NAME <b>FELTON, JOHN W</b>				2.2 NAME			
STREET ADDRESS <b>UNIVERSITY OF FLORIDA 3061 WEIMER HALL</b>				2.3 STREET ADDRESS			
CITY-ST-ZIP <b>GAINESVILLE FL</b>				2.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>ST</b>				3.1 TITLE			
NAME <b>GRUNIG, LARISSA</b>				3.2 NAME			
STREET ADDRESS <b>UNIVERSITY OF MARYLAND</b>				3.3 STREET ADDRESS			
CITY-ST-ZIP <b>COLLEGE PARK MD</b>				3.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE <b>CT</b>				4.1 TITLE			
NAME <b>BERGEN, JOHN D</b>				4.2 NAME			
STREET ADDRESS <b>11 STANWIX</b>				4.3 STREET ADDRESS <b>1789 Wrightstown Rd.</b>			
CITY-ST-ZIP <b>PITTSBURGH PA</b>				4.4 CITY-ST-ZIP <b>Newton, PA</b>			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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, with all other like empowered.

SIGNATURE: X SIGNATURE RECEIVED DATE 1/14/99 352/392-285  
Signature and typed or printed name of signing officer or director

CR2E037 (1/98)