


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N24422 (0)**  
1. Corporation Name  
**FLORIDA EDUCATIONAL RESEARCH COUNCIL, INC.**

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**95 JAN 27 PM 4: 14**

Principal Place of Business Mailing Address  
**3366 BARRA CIRCLE  
P.O. BOX 506  
SANIBEL ISLAND FL 33957**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/20/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0030390** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent  
**COUNCIL, CHARLIE T.  
3366 BARRA CIRCLE  
SANIBEL ISLAND FL 33957**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	HABGOOD, MARY KAY
STREET ADDRESS	215 MANATEE AVENUE WEST
CITY - ST - ZIP	BRADENTON FL
TITLE	D
NAME	ROWELL, LEE
STREET ADDRESS	445 WEST AMELIA STREET
CITY - ST - ZIP	ORLANDO FL
TITLE	DD
NAME	COUNCIL, CHARLIE T.
STREET ADDRESS	P.O. BOX 506 N/A
CITY - ST - ZIP	SANIBEL ISLAND FL
TITLE	D
NAME	CONNOR, TOM
STREET ADDRESS	P.O. BOX 787 N/A
CITY - ST - ZIP	LABELLE FL
TITLE	DT
NAME	HURLBUT, BETTY
STREET ADDRESS	428 SCHOOL STREET
CITY - ST - ZIP	SEBRING FL
TITLE	D
NAME	STONE, DONALD
STREET ADDRESS	2055 CENTRAL AVENUE
CITY - ST - ZIP	FT. MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lee Rowell
1.3 STREET ADDRESS	445 West Amelia Street
1.4 CITY - ST - ZIP	Orlando, FL 32801
2.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Madhabi Banerji
2.3 STREET ADDRESS	7227 U.S. Highway 41
2.4 CITY - ST - ZIP	Land O' Lakes, FL 33537
3.1 TITLE	DD <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charlie T. Council
3.3 STREET ADDRESS	P.O. Box 506 N/A
3.4 CITY - ST - ZIP	Sanibel, FL 33957
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Mary Kay Habgood
4.3 STREET ADDRESS	215 Manatee Avenue West
4.4 CITY - ST - ZIP	Bradenton, FL 34205
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Mike Jones
5.3 STREET ADDRESS	2055 Central Avenue
5.4 CITY - ST - ZIP	Ft. Myers, FL 33901-3988
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	John Hilderbrand
6.3 STREET ADDRESS	P.O. Box 3408 N/A
6.4 CITY - ST - ZIP	Tampa, FL 33601-3408

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 110.07(3)(a), 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: *Charlie T. Council* Executive Director 1/18/95 (813) 472-4397  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER