

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

APPROVED AND FILED

05 MAY 18 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995
 FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N08500 (3)
 1. Corporation Name
FLORIDA EDUCATION FOUNDATION, INC.

Principal Place of Business Mailing Address
 325 W. GAINES STREET 325 W. GAINES STREET
 126 FLORIDA EDUCATION CENTER 126 FLORIDA EDUCATION CENTER
 TALLAHASSEE FL 32399-7400 TALLAHASSEE FL 32399-7400

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified 04/02/1985
 3a. Date of Last Report 04/29/1994
 4. FEI Number 59-2718509
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 29 30

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
 MEYER, JUDY F
 -325 WEST GAINES STREET
 126 FLORIDA EDUCATION CENTER
 TALLAHASSEE FL 32399-7400

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 *Judy Meyer* DATE _____
Print name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS
 TITLE D
 NAME BATT, DAVID
 STREET ADDRESS 215 S. MONROE #830
 CITY-ST-ZIP TALLAHASSEE FL
 TITLE D
 NAME EVANS, STEVE
 STREET ADDRESS 101 N MONROE ST
 CITY-ST-ZIP TALLAHASSEE FL
 TITLE T
 NAME BRAWER, RON
 STREET ADDRESS 108 E. COLLEGE #1440
 CITY-ST-ZIP TALLAHASSEE FL 32301
 TITLE P
 NAME ARNOLD GREEN FIELD
 STREET ADDRESS 501 BRICKELL KEY DR 400
 CITY-ST-ZIP MIAMI FL 33131
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP
 2.1 TITLE Change Addition
 2.2 NAME Voss, David
 2.3 STREET ADDRESS 7650 Courtney Campbell Causeway
 2.4 CITY-ST-ZIP Tampa, Florida 33607
 3.1 TITLE Change Addition
 3.2 NAME Brower, Ron
 3.3 STREET ADDRESS 106 E. College #1440
 3.4 CITY-ST-ZIP Tallahassee, FL 32301
 4.1 TITLE Change Addition
 4.2 NAME Arnold Greenfield
 4.3 STREET ADDRESS 8194 Via Abitar
 4.4 CITY-ST-ZIP Coconut Grove, FL 33133
 5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP
 6.1 TITLE Change 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)(f), Florida Statutes. I further certify that the information included on this 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 a receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 of Block 13 of this report with an address.

SIGNATURE: *David Batt* Date _____ Daytime Phone # _____
SIGNATURE AND TITLE OF REGISTERED AGENT OR DIRECTOR