

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

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

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

Sign in ink, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP

D BATT, DAVID
215 S. MONROE #830
TALLAHASSEE FL

D EVANS, STEVE
101 N MONROE ST
TALLAHASSEE FL

T BRAWER, RON
108 E. COLLEGE #1440
TALLAHASSEE FL 32301

P ARNOLD GREEN FIELD
501 BRICKELL KEY DR 400
MIAMI FL 33131

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 **821627**

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: *Ron Brower* DATE Daytime Phone #

SIGNATURE AND TITLE OF CURRENT REGISTERED AGENT OR DIRECTOR