

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



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

3. Date Incorporated or Qualified: **01/20/1988**
3a. Date of Last Report: **01/27/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **65-0030390**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25**

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 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DR <input type="checkbox"/> DELETE	11 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWELL, LEE	12 NAME	Betty Hurlbut
STREET ADDRESS	445 WEST AMELIA STREET	13 STREET ADDRESS	426 School Street
CITY - ST - ZIP	ORLANDO FL	14 CITY - ST - ZIP	Sebring, FL 33870
TITLE	DT <input checked="" type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BANERJI, MADHABI	22 NAME	D Rick Nations
STREET ADDRESS	7227 U. S. HIGHWAY 41	23 STREET ADDRESS	1960 Landings Boulevard
CITY - ST - ZIP	LAND O' LAKES FL	24 CITY - ST - ZIP	Sarasota, FL 34231
TITLE	DD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COUNCIL, CHARLIE T.	32 NAME	
STREET ADDRESS	P.O. BOX 506 N/A	33 STREET ADDRESS	
CITY - ST - ZIP	SANIBEL ISLAND FL	34 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABGOOD, MARY KAY	42 NAME	
STREET ADDRESS	215 MANATEE AVENUE WEST	43 STREET ADDRESS	
CITY - ST - ZIP	BRADENTON FL	44 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, MIKE	52 NAME	
STREET ADDRESS	2055 CENTRAL AVENUE	53 STREET ADDRESS	
CITY - ST - ZIP	FT. MYERS FL	54 CITY - ST - ZIP	
TITLE	DT <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDERBRAND, JOHN	62 NAME	
STREET ADDRESS	P. O. BOX 3408	63 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	64 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: **Charlie T. Council** *Charlie T. Council* **1/18/96** **(941) 472-4397**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #

CR2E037 (12/95)