

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



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 32399-0400 TALLAHASSEE FL 32399-0400**

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 **32399-0400** 25 29 **32399-0400** 30

3. Date Incorporated or Qualified **04/02/1985** 3a. Date of Last Report **05/18/1995**  
 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**  
 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 32399-0400**

10. Name and Address of New Registered Agent  
 81 Name **Joyce Hobson**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code **32399-0400**

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 *Joyce A. Hobson* (NOTE: Registered Agent signature required when reinstating) DATE **6-25-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BATT, DAVID</b>	
STREET ADDRESS	<b>215 S. MONROE #830</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VOSS, DAVID</b>	
STREET ADDRESS	<b>7650 COURTNEY CAMPBELL CAUSEWAY</b>	
CITY - ST - ZIP	<b>TAMPA FL 33607</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWER, RON</b>	
STREET ADDRESS	<b>106 E COLLEGE #1440</b>	
CITY - ST - ZIP	<b>TALLAHASSEE FL 32301</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREENFIELD, ARNOLD</b>	
STREET ADDRESS	<b>3194 VIA ABITAR</b>	
CITY - ST - ZIP	<b>COCONUT GROVE FL 33133</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>President</b>
4.3 STREET ADDRESS	<b>Dominic Calabro</b>
4.4 CITY - ST - ZIP	<b>114 Thomasville Rd.</b> <b>Tallahassee, FL 32302</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: *Dominic M. Calabro* Date **June 25, 1996** Daytime Phone # **(904) 222-5052**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Dominic M. Calabro**

CR2E037 (3/96)