

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N08500 (3)**

1. Corporation Name  
**FLORIDA EDUCATION FOUNDATION, INC.**



Principal Place of Business <b>325 W. GAINES STREET 126 FLORIDA EDUCATION CENTER TALLAHASSEE FL 32399-0400 US</b>	Mailing Address <b>325 W. GAINES STREET 126 FLORIDA EDUCATION CENTER TALLAHASSEE FL 32399-6557 US</b>
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3. Date Incorporated or Qualified <b>04/02/1985</b>	3a. Date of Last Report <b>06/28/1996</b>
4. FEI Number <b>59-2718509</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**HOBSON, JOYCE  
325 WEST GAINES STREET  
126 FLORIDA EDUCATION CENTER  
TALLAHASSEE FL 32399-7400**

**10. Name and Address of New Registered Agent**

81 Name <b>Liza McFadden</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>325 W. Gaines St.,</b>
83 <b>Suite 126</b>
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32399-0400</b>

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  **Liza McFadden** **2.20.97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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 type="checkbox"/> DELETE
NAME <b>CALABRO, DOMINIC</b>	
STREET ADDRESS <b>1114 THOMASVILLE ROAD</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **2.28.97** **(904) 478-8385**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 00000000

CR2E037 (9/96)