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Mar 06 1997 8:00am
Secretary of State

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

1. Corporation Name
FLORIDA EDUCATION FOUNDATION, INC.



Principal Place of Business 325 W. GAINES STREET 126 FLORIDA EDUCATION CENTER TALLAHASSEE FL 32399-0400 US	Mailing Address 325 W. GAINES STREET 126 FLORIDA EDUCATION CENTER TALLAHASSEE FL 32399-6557 US
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3. Date Incorporated or Qualified 04/02/1985	3a. Date of Last Report 06/28/1996
4. FEI Number 59-2718509	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 21	2a. Mailing Address 28
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 Liza McFadden
82 Street Address (P.O. Box Number is Not Acceptable) 325 W. Gaines St.,
83 Suite 126
84 City Tallahassee
85 Zip Code FL 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 *Liza McFadden* **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	D <input type="checkbox"/> DELETE
NAME	BATT, DAVID
STREET ADDRESS	215 S. MONROE #830
CITY-ST-ZIP	TALLAHASSEE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	VOSS, DAVID
STREET ADDRESS	7650 COURTNEY CAMPBELL CAUSEWAY
CITY-ST-ZIP	TAMPA FL 33607
TITLE	T <input type="checkbox"/> DELETE
NAME	BROWER, RON
STREET ADDRESS	106 E COLLEGE #1440
CITY-ST-ZIP	TALLAHASSEE FL 32301
TITLE	P <input type="checkbox"/> DELETE
NAME	CALABRO, DOMINIC
STREET ADDRESS	1114 THOMASVILLE ROAD
CITY-ST-ZIP	TALLAHASSEE FL
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: *Ron Crowder* **Ron Crowder** **2.28.97** **(904) 478-8385**
Signature and typed or printed name of signing officer or director Date Daytime Phone # 00000000

CR2E037 (9/96)