

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 13 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1988	3a. Date of Last Report 01/25/1996
4. FEI Number 65-0030390	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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

COUNCIL, CHARLIE T. 3366 BARRA CIRCLE SANIBEL ISLAND FL 33957	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	FL 85 Zip Code

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

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROWELL, LEE
STREET ADDRESS	445 WEST AMELIA STREET
CITY-ST-ZIP	ORLANDO FL
TITLE	DP <input type="checkbox"/> DELETE
NAME	HURLBUT, BETTY
STREET ADDRESS	426 SCHOOL ST.
CITY-ST-ZIP	SEBRING FL
TITLE	DD <input type="checkbox"/> DELETE
NAME	COUNCIL, CHARLIE T.
STREET ADDRESS	P.O. BOX 506 N/A
CITY-ST-ZIP	SANIBEL ISLAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HABGOOD, MARY KAY
STREET ADDRESS	215 MANATEE AVENUE WEST
CITY-ST-ZIP	BRADENTON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	NATIONS, RICK
STREET ADDRESS	1060 LANDINGS, BLVD.
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HILDERBRAND, JOHN
STREET ADDRESS	P. O. BOX 3408
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Davis, Wesley
1.3 STREET ADDRESS	P.O. Box 1470
1.4 CITY-ST-ZIP	Pensacola, FL 32597 (N/A)
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Linda Kern
5.3 STREET ADDRESS	1990 25th Street
5.4 CITY-ST-ZIP	Vero Beach, FL 32960
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 _____ SIGNATURE REQUIRED 7/22/97 941-472-4397

CR2E037 (4/97)