

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24422 (0)**  
1. Corporation Name  
**FLORIDA EDUCATIONAL RESEARCH COUNCIL, INC.**



Principal Place of Business <b>3366 BARRA CIRCLE P.O. BOX 506 SANIBEL ISLAND FL 33957</b>	Mailing Address <b>3366 BARRA CIRCLE P.O. BOX 506 SANIBEL ISLAND FL 33957</b>
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3. Date Incorporated or Qualified <b>01/20/1988</b>	Applied For
4. FEI Number <b>65-0030390</b>	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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

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
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, WESLEY</b>	1.2 NAME	
STREET ADDRESS	<b>PO BOX 1470 (N/A)</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HURLBUT, BETTY</b>	2.2 NAME	
STREET ADDRESS	<b>426 SCHOOL ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DO</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COUNCIL, CHARLIE T.</b>	3.2 NAME	
STREET ADDRESS	<b>P.O. BOX 506 (N/A)</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SANIBEL ISLAND FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HABGOOD, MARY KAY</b>	4.2 NAME	
STREET ADDRESS	<b>215 MANATEE AVENUE WEST</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KERN, LINDA</b>	5.2 NAME	
STREET ADDRESS	<b>1990 25TH STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERO BCH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILDERBRAND, JOHN</b>	6.2 NAME	
STREET ADDRESS	<b>P. O. BOX 3408 (N/A)</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	6.4 CITY-ST-ZIP	

14. I 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: *Charlie T. Council* 1/26/98 941-472-4397

CFR2E037 (10/97)