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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24422

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/20/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0030390
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code
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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 Charlie T. Council **CHARLIE T. COUNCIL** 1/4/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DAVIS, WESLEY PO BOX 1470 N/A PENSACOLA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DP	HURLBUT, BETTY 426 SCHOOL ST. SEBRING FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DD	COUNCIL, CHARLIE T. P.O. BOX 506-N/A SANIBEL ISLAND FL	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HABGOOD, MARY KAY 215 MANATEE AVENUE WEST BRADENTON FL	4.1 TITLE	SANDRA MCDONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D	KERN, LINDA 1990 25TH STREET VERO BCH FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	HILDERBRAND, JOHN P.O. BOX 3408 N/A TAMPA FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Charlie T. Council **CHARLIE T. COUNCIL** 1/4/99 941-472-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)