


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90044 047 ****61.25

DOCUMENT # N24422
 1. Entity 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



2. Principal Place of Business
2004 61ST ST. E.

3. Mailing Address
2004 61ST ST. E.

Suite, Apt. #, etc.

01262004 Chg-NP CR2E037 (10/03)

City & State
PALMETTO FLORIDA

City & State
PALMETTO, FLORIDA

4. FEI Number
65-0030390

Applied For
 Not Applicable

Zip
34221

Country
USA

Zip
34221

Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COUNCIL, CHARLIE T.
3366 BARRA CIRCLE
SANIBEL ISLAND, FL 33957

7. Name and Address of New Registered Agent
 Name **CHARLIE T. COUNCIL**
 Street Address (P.O. Box Number is Not Acceptable)
2004 61ST ST. E.
 City **PALMETTO** **FL** Zip Code **34221**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **CHARLIE T. COUNCIL** DATE **2/6/04**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, MEL 620 G UNIVERSITY AVE GAINESVILLE, FL 32601 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HURLBUT, BETTY 426 SCHOOL ST. SEBRING, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED COUNCIL, CHARLIE T. P.O. BOX 506 N/A SANIBEL ISLAND, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MARSHALL, JAY 509 SOUTH PALM HOWIE-IN-THE-HILLS, FL 34332 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BARBARA 500 E. OCEAN BLVD STUART, FL 34994 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HILDERBRAND, JOHN P.O. BOX 3408 N/A TAMPA, FL <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Charlie T. Council, EXECUTIVE DIRECTOR** Date **2/6/04** Daytime Phone # **941-729-2888**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR