

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N21362

Entity Name: FLORIDA IMPACT EDUCATION FUND, INC.

**Current Principal Place of Business:**

345 S. MAGNOLIA DR.  
E11  
TALLAHASSEE, FL 32301 US

**New Principal Place of Business:**

**Current Mailing Address:**

345 S. MAGNOLIA DR.  
E11  
TALLAHASSEE, FL 32301 US

**New Mailing Address:**

FEI Number: 59-2859151      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SUSIE, DEBRA  
345 S MAGNOLIA DR  
E-11  
TALL, FL 32301

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SCALES, MADIE  
Address: 202 WEST NINTH STREET  
City-St-Zip: LAKELAND, FL

Title: D ( ) Delete  
Name: PERRY, ROBERTA,  
Address: 1109 S. CASS ST.  
City-St-Zip: DELAND, FL

Title: T ( ) Delete  
Name: O'BRIEN, SHEILA  
Address: 3210 E LAKESHORE DR  
City-St-Zip: TALL, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GUTIERREZ, LIZ  
Address: 8259 CAUSEWAY BLVD.  
City-St-Zip: TAMPA, FL 33619

Title: D (X) Change ( ) Addition  
Name: COSPER, CINDY  
Address: 520 OAKLAND AVE.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHEILE O'BRIEN

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04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date