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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000002934

1. Corporation Name

THE DESOTO COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business

530 LASOLONA AVE
ARCADIA FL 33266

Mailing Address

530 LASOLONA AVE
ARCADIA FL 33266



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/19/1997

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3533706

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, FLETCHER
124 N BREVARD AVE
ARCADIA FL 34266

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

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 DELETE
NAME MARKEY, KEITH
STREET ADDRESS 271 COLDEWAY DRIVE UNIT D9
CITY-ST-ZIP PUNTA GORDA, FLORIDA 33950

1.1 TITLE D Change Addition
1.2 NAME RICHARD BOWERS
1.3 STREET ADDRESS 1937 SW HENDRY STREET
1.4 CITY-ST-ZIP ARCADIA, FLORIDA 34266

TITLE D DELETE
NAME RYALS, ANN (TREASURER)
STREET ADDRESS 10864 SW MADISON AVE
CITY-ST-ZIP FT OGDEN FL 34267

2.1 TITLE D Change Addition
2.2 NAME FLETCHER BROWN
2.3 STREET ADDRESS 124 NORTH BREVARD
2.4 CITY-ST-ZIP ARCADIA, FLORIDA 34266

TITLE D DELETE
NAME SORRELLS, HOWARD (VICE CHAIRMAN)
STREET ADDRESS 1653 S E TOWNSEND AVE
CITY-ST-ZIP ARCADIA FL 34266

3.1 TITLE D Change Addition
3.2 NAME JOHN BURTSCHER
3.3 STREET ADDRESS 3673 NW POULTRY ROAD
3.4 CITY-ST-ZIP ARCADIA, FLORIDA 34266

TITLE D DELETE
NAME STEM, MARY
STREET ADDRESS 1471 NORTHEAST LIVINGSTON ST
CITY-ST-ZIP ARCADIA FL 34265

4.1 TITLE D Change Addition
4.2 NAME BILL HACKNEY (CHAIRMAN)
4.3 STREET ADDRESS 504 EAST OAK STREET
4.4 CITY-ST-ZIP ARCADIA, FLORIDA 34266

TITLE D DELETE
NAME HOLLINGSWORTH, RODNEY
STREET ADDRESS 2173 S W GARNER AVE
CITY-ST-ZIP ARCADIA FL 34266

5.1 TITLE D Change Addition
5.2 NAME EUGENE HICKSON
5.3 STREET ADDRESS 142 SOUTH ORANGE
5.4 CITY-ST-ZIP ARCADIA, FLORIDA 34266

TITLE D DELETE
NAME LIPE, TOM
STREET ADDRESS 6057 SW PARADISE RUN
CITY-ST-ZIP ARCADIA FL 34266

6.1 TITLE D Change Addition
6.2 NAME CLYDE HOLLINGSWORTH
6.3 STREET ADDRESS 7385 NW HIGHWAY 70
6.4 CITY-ST-ZIP ARCADIA, FLORIDA 34266

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, with all other like empowered.

SIGNATURE: *Katherine Harris* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99

CR2E037 (1/198)