

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2002 8:00 am**  
**Secretary of State**

03-13-2002 90135 031 \*\*\*\*\*70.00

**DOCUMENT # N97000002934**  
 1. Entity Name  
**THE DESOTO COUNTY EDUCATION FOUNDATION, INC.**

Principal Place of Business                      Mailing Address  
**530 LASOLONA AVE**                                      **530 LASOLONA AVE**  
**ARCADIA FL 33266**                                      **ARCADIA FL 33266**

2. Principal Place of Business                      3. Mailing Address  
 Suite, Apt. #, etc.                                      Suite, Apt. #, etc.  
 City & State    City & State

Zip                      Country                      Zip                      Country

4. FEI Number                      Applied For  
**59-3533706**                                       Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**BROWN, FLETCHER**  
**124 N BREVARD AVE**  
**ARCADIA FL 34266**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City    **FL**                      Zip Code

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.  
 SIGNATURE *Fletcher Brown*                      **Fletcher Brown**                      **2-26-02**  
Signature, typed or printed name of registered agent and title if applicable.                      (NOTE: Registered Agent signature required when reinstating)                      DATE

**FILE NOW: FEE IS \$61.25**

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

**Make Check Payable to Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOWARD SORRELLS</b>	
STREET ADDRESS	<b>1653 SE Townsend Avenue</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, FLETCHER</b>	
STREET ADDRESS	<b>124 N. BREVARD ST.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BURTSCHER, JOHN</b>	
STREET ADDRESS	<b>3673 NW-POULTRY RD</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>HACKNEY, BILL</b>	
STREET ADDRESS	<b>504 E. OAK ST.</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HICKSON, EUGENE</b>	
STREET ADDRESS	<b>142 S. ORANGE</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HOLLINGSWORTH, CLYDE</b>	
STREET ADDRESS	<b>7385 NW HIGHWAY 70</b>	
CITY-ST-ZIP	<b>ARCADIA FL 34266</b>	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT HEINE</b>	
STREET ADDRESS	<b>1201 North Arcadia Avenue</b>	
CITY-ST-ZIP	<b>Arcadia, Florida 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JUDY KIRKPATRICK</b>	
STREET ADDRESS	<b>3057 SE Lovejoy Street</b>	
CITY-ST-ZIP	<b>Arcadia, Florida 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TED LAND</b>	
STREET ADDRESS	<b>810 West Imogene Street</b>	
CITY-ST-ZIP	<b>Arcadia, Florida 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOM LIPE</b>	
STREET ADDRESS	<b>9090 SW Lipe Street</b>	
CITY-ST-ZIP	<b>Arcadia, Florida 34266</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEITH MARKEY</b>	
STREET ADDRESS	<b>Post Office Box 1013</b>	
CITY-ST-ZIP	<b>Arcadia, Florida 34265</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANN RYALS</b>	
STREET ADDRESS	<b>Post Office Box 127</b>	
CITY-ST-ZIP	<b>Fort Ogden, Florida 34267</b>	

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: *Howard Sorrells*                      **Howard Sorrells**                      February 26; 2002-863-494-4249  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #

CR2E037 (9/01)

Attachment

Document # N97000002934

/608369

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
RICHARD BOWERS  
1937 SW Hendry Street  
Arcadia, Florida 34266

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
MARY STEMM  
Post Office Box 1863  
Arcadia, Florida 34265