


# 2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # N97000002934**

1. Entity Name  
THE DESOTO COUNTY EDUCATION FOUNDATION, INC.




FILED

04 NOV -1 AM 9:07

X Non-receipt of prior notice

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
5000 42364725  
11/01/04--01076--012 \*\*70.00



Principal Place of Business  
530 LASOLONA AVE  
ARCADIA, FL 33266

Mailing Address  
530 LASOLONA AVE  
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

10202004 REIN-NP CR2E099 (6/04)

4. FEI Number  
59-3533706

Applied For  
 Not Applicable

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Fletcher Brown 10-20-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$61.25</b> After January 1, 2005, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete STEMM, MARY POST OFFICE BOX 1863 ARCADIA, FL 34265	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BARNWELL, MELBA POST OFFICE BOX 525 FORT OGDEN, FL 34267
TITLE	D <input type="checkbox"/> Delete KIRKPATRICK, JUDY 3057 SE LOVEJOY ST ARCADIA, FL 34266	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BROWN, FLETCHER 937 WEST OAK STREET ARCADIA, FL 34266
TITLE	D <input type="checkbox"/> Delete LAND, TED 810-WEST-IMOGENE ST ARCADIA, FL 34266	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HACKNEY, BILL 504 E OAK STREET ARCADIA, FL 34266
TITLE	D <input type="checkbox"/> Delete LIPE, TED TOM 9090 SW LIPE STREET ARCADIA, FL 34266	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HICKSON, EUGENE SR. 142 S ORANGE ARCADIA, FL 34266
TITLE	D <input type="checkbox"/> Delete MARKEY, KEITH P.O BOX 1013 ARCADIA, FL 34266	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MORENO, MARIA 704 EAST MAPLE STREET ARCADIA, FL 34266
TITLE	D <input type="checkbox"/> Delete RYALS, ANN P.O. BOX 127 FORT OGDEN, FL 34267	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition BOWERS, RICHARD 1937 SW HENDRY STREET ARCADIA, FL 34266

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: Fletcher Brown 10-20-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

DeSoto County Education Foundation.

Officer and Directors (continued)

Title	D	
Name	Burtscher, John	Add
Street Address	3673 NW Poultry Road	
City-ST-Zip	Arcadia, Florida 34266	

Title	D	Add
Name	Sorrells, Howard	
Street Address	1653 SW Townsend Avenue	
City-ST-Zip	Arcadia, Florida 34266	