
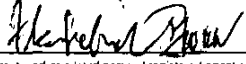
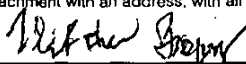


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2006 8:00 am**  
**Secretary of State**

04-25-2006 90105 027 \*\*\*\*70.00

|  |                      |  |   |   |  |
|--|----------------------|--|---|---|--|
| <b>DOCUMENT # N97000002934</b>   |                      |  |   |                    |  |
| 1. Entity Name<br>THE DESOTO COUNTY EDUCATION FOUNDATION, INC.   |                      |  |   |   |  |
| Principal Place of Business<br>530 LASOLONA AVE<br>ARCADIA, FL 33266   |                      | Mailing Address<br>530 LASOLONA AVE<br>ARCADIA, FL 33266                         |   |   |  |
| 2. Principal Place of Business   |                      | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                      | City & State   |   | 4. FEI Number<br>59-3533706   |  |
| Zip  |                      | Country  |   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent  |                      |  | 7. Name and Address of New Registered Agent           |   |  |
| BROWN, FLETCHER<br>124 N BREVARD AVE<br>ARCADIA, FL 34266  |                      |  | 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   |                      | (NOTE: Registered Agent signature required when reinstating)                     |   | DATE <u>4-20-06</u>   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2006  |                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 May Be Added to Fees   |  |
| Make check payable to Florida Department of State  |                      |  |   |   |  |
| 10. OFFICERS AND DIRECTORS   |                      |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | STEMM, MARY          |  | NAME  | BARNWELL, MELBA   |  |
| STREET ADDRESS   | POST OFFICE BOX 1863 |  | STREET ADDRESS  | P.O. BOX 525  |  |
| CITY-ST-ZIP  | ARCADIA, FL 34265    |  | CITY-ST-ZIP   | FORT OGDEN, FL 34267  |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | KIRKPATRICK, JUDY    |  | NAME  | BROWN, FLETCHER   |  |
| STREET ADDRESS   | 3057 SE LOVEJOY ST   |  | STREET ADDRESS  | 937 WEST OAK STREET   |  |
| CITY-ST-ZIP  | ARCADIA, FL 34266    |  | CITY-ST-ZIP   | ARCADIA, FL 34266   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | LAND, TED            |  | NAME  | HACKNEY, BILL   |  |
| STREET ADDRESS   | 810-WEST-IMOGENE ST  |  | STREET ADDRESS  | 504 EAST OAK STREET   |  |
| CITY-ST-ZIP  | ARCADIA, FL 34266    |  | CITY-ST-ZIP   | ARCADIA, FL 34266   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | LIPE, TOM            |  | NAME  | HICKSON, EUGENE, SR   |  |
| STREET ADDRESS   | 9090 SW LIPE STREET  |  | STREET ADDRESS  | 142 SOUTH ORANGE  |  |
| CITY-ST-ZIP  | ARCADIA, FL 34266    |  | CITY-ST-ZIP   | ARCADIA, FL 34266   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | MARKEY, KEITH        |  | NAME  | MORENO, MARIA   |  |
| STREET ADDRESS   | P.O BOX 1013         |  | STREET ADDRESS  | 704 EAST MAPLE STREET   |  |
| CITY-ST-ZIP  | ARCADIA, FL 34266    |  | CITY-ST-ZIP   | ARCADIA, FL 34266   |  |
| TITLE  | D                    | <input type="checkbox"/> Delete  | TITLE   | D   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | RYALS, ANN           |  | NAME  | BOWERS, RICHARD   |  |
| STREET ADDRESS   | P.O. BOX 127         |  | STREET ADDRESS  | 1937 SW HENDRY STREET   |  |
| CITY-ST-ZIP  | FORT OGDEN, FL 34267 |  | CITY-ST-ZIP   | ARCADIA, FL 34266   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:    |                      | Date   |   | 4/20/06   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                      | Date   |   | Daytime Phone #   |  |

40061669



03272006 Chg-NP CR2E037 (11/05)



ATTACHMENT 40061669  
# 197000002934  
DESOTO COUNTY EDUCATION FOUNDATION, INC.

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Post Office Drawer 2000, Arcadia, Florida 34265  
Telephone: (863) 494-4222, ext. 110 Facsimile: 1-866-370-2471

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

|                |                    |     |
|----------------|--------------------|-----|
| Title          | D                  | Add |
| Name           | Scott, Geraldine   |     |
| Street Address | 3548 SE Brown Road |     |
| City-ST-Zip    | Arcadia, FL 34266  |     |

|                |                         |     |
|----------------|-------------------------|-----|
| Title          | D                       | Add |
| Name           | Sorrells, Howard        |     |
| Street Address | 1653 SE Townsend Avenue |     |
| City-ST-Zip    | Arcadia, FL 34266       |     |

|                |                         |     |
|----------------|-------------------------|-----|
| Title          | D                       | Add |
| Name           | Gobble, Florence        |     |
| Street Address | 2535 Gebhart Road       |     |
| City-ST-Zip    | Bowling Green, FL 33834 |     |