


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90029 012 \*\*\*\*70.00

**DOCUMENT # N97000002934**

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



Principal Place of Business  
 530 LASOLONA AVE  
 ARCADIA, FL 34266

Mailing Address  
 530 LASOLONA AVE  
 ARCADIA, FL 34266

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip  
 Country

Zip  
 Country

40038713



02072008 Chg-NP CR2E037 (12/06)

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**

SORRELLS, HOWARD  
 1653 SE TOWNSEND AVENUE  
 ARCADIA, FL 34266

**7. Name and Address of New Registered Agent**

Name  
 Land, Ted

Street Address (P.O. Box Number is Not Acceptable)  
 810 West Imogene Street

City  
 Arcadia FL Zip Code 34266

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 Ted Land [Signature] 2/27/08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2008**

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

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	STEMM, MARY	
STREET ADDRESS	POST OFFICE BOX 1863	
CITY-ST-ZIP	ARCADIA, FL 34265	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, JUDY	
STREET ADDRESS	<del>3037 SE LOVEJOY ST</del> 3300 NW Coker Street	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAND, TED	
STREET ADDRESS	810-WEST-IMOGENE ST	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	LIPE, TOM	
STREET ADDRESS	9090 SW LIPE STREET	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKEY, KEITH	
STREET ADDRESS	P.O BOX 1013	
CITY-ST-ZIP	ARCADIA, FL 34266	
TITLE	D	<input type="checkbox"/> Delete
NAME	RYALS, ANN	
STREET ADDRESS	P.O. BOX 127	
CITY-ST-ZIP	FORT OGDEN, FL 34267	

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

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barnwell, Melba	
STREET ADDRESS	Post Office Box 525	
CITY-ST-ZIP	Fort Ogden, Florida 34267	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hackney, Bill	
STREET ADDRESS	504 East Oak Street	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hickson, Eugene, SR	
STREET ADDRESS	142 South Orange	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Moreno, Maria	
STREET ADDRESS	704 East Maple Street	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bowers, Richard	
STREET ADDRESS	1937 SW Hendry Street	
CITY-ST-ZIP	Arcadia, Florida 34266	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sorrells, Howard	
STREET ADDRESS	1653 SE Townsend Avenue	
CITY-ST-ZIP	Arcadia, Florida 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: [Signature] (Ted Land) 2/27/08 863 494-4434  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT 40038713

# N97000002934

**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, Florida 34266	

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

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