## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000002934

FILED Feb 24, 2009 Secretary of State

Entity Name: THE DESOTO COUNTY EDUCATION FOUNDATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 530 LASOLONA AVE ARCADIA, FL 34266 **Current Mailing Address: New Mailing Address:** 530 LASOLONA AVE ARCADIA, FL 34266 FEI Number: 59-3533706 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LAND, TED LAND, TED 1653 SE TOWNSEND AVENUE 810 WEST IMOGENE STREET 810 WEST IMOGENE STREE ARCADIA, FL 34266 ARCADIA, FL 34266 US 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: TED LAND 02/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEMM, MARY Name: Name: POST OFFICE BOX 1863 Address: Address: City-St-Zip: ARCADIA, FL 34265 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition KIRKPATRICK, JUDY Name: BARNWELL, MELBA Name: Address: 3300 NW COKER STREET Address: POST OFFICE BOX 525 City-St-Zip: ARCADIA, FL 34266 City-St-Zip: FORT OGDEN, FL 34265 Title: () Delete Title: (X) Change ( ) Addition LAND, TED LAND, TED Name: Name: 810-WEST-IMOGENE ST 810-WEST-IMOGENE STREET Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 ( ) Delete (X) Change ( ) Addition Title: Title: LIPE, TOM SORRELLS, HOWARD Name: Name: 9090 SW LIPE STREET Address: Address: 1653 SE TOWNSEND AVENUE City-St-Zip: ARCADIA, FL 34266 City-St-Zip: ARCADIA, FL 34266 Title: ( ) Delete Title: (X) Change ( ) Addition MARKEY, KEITH GOBBLE, FLORENCE Name: Name: P.O BOX 1013 2535 GEBHART ROAD Address: Address: City-St-Zip: ARCADIA, FL 34266 City-St-Zip: BOWLING GREEN, FL 33834 Title: ( ) Delete Title: () Change () Addition RYALS, ANN Name: Name: Address: P.O. BOX 127 Address: FORT OGDEN, FL 34267 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TED LAND D 02/24/2009