

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002934

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** THE DESOTO COUNTY EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

530 LASOLONA AVE  
ARCADIA, FL 34266

**New Principal Place of Business:**

**Current Mailing Address:**

530 LASOLONA AVE  
ARCADIA, FL 34266

**New Mailing Address:**

**FEI Number:** 59-3533706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAND, TED  
810 WEST IMOGENE STREET  
ARCADIA, FL 34266 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: STEMM, MARY  
Address: POST OFFICE BOX 1863  
City-St-Zip: ARCADIA, FL 34265

Title: D  
Name: BARNWELL, MELBA  
Address: POST OFFICE BOX 525  
City-St-Zip: FORT OGDEN, FL 34265

Title: D  
Name: LAND, TED  
Address: 810-WEST-IMOGENE STREET  
City-St-Zip: ARCADIA, FL 34266

Title: D  
Name: SORRELLS, HOWARD  
Address: 1653 SE TOWNSEND AVENUE  
City-St-Zip: ARCADIA, FL 34266

Title: D  
Name: BOWERS, RICHARD  
Address: 1937 SW HENDRY STREET  
City-St-Zip: ARCADIA, FL 34266

Title: D  
Name: RYALS, ANN  
Address: P.O. BOX 127  
City-St-Zip: FORT OGDEN, FL 34267

I hereby 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 all other like empowered.

SIGNATURE: TED LAND

D

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date