

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90204 030 ****70.00

0091149

DOCUMENT # N97000002934

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



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

4. FEI Number **59-3533706**

Applied For

Not Applicable

5. Certificate of Status Desired **XX**

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BROWN, FLETCHER
124 N BREVARD AVE
ARCADIA FL 34266**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

2/19/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **SIGNATURE REQUIRED**

1-28-03

CR2E037 (10/02)

attachment

1970000 2934

80637969

Officer and Directors (continued)

Title D
Name Richard Bowers
Street Address 1937 SW Hendry Street
City-ST-Zip Arcadia, Florida 34266

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

Title D
Name Rodney Hollingsworth
Street Address 2173 SW Garner Avenue
City-ST-Zip Arcadia, Florida 34266

Title D
Name Clyde Hollingsworth, Jr.
Street Address 3013 NW County Road 661-A
City-ST-Zip Arcadia, Florida 34266

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