

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90004 001 ****61.25

DOCUMENT # N00000001090

1. Entity Name
THE FLORIDA SCHOOL CHOICE FUND, INCORPORATED



Principal Place of Business
601 NORTH ASHLEY DRIVE
SUITE 300
TAMPA, FL 33602

Mailing Address
601 NORTH ASHLEY DRIVE
SUITE 300
TAMPA, FL 33602

2. Principal Place of Business
337 S. Plant Ave
Suite, Apt. #, etc.

3. Mailing Address
337 S. Plant Ave
Suite, Apt. #, etc.



01302006 Chg-NP CR2E037 (11/05)

City & State
Tampa FL
Zip
33604
Country
Hillsborough

City & State
Tampa FL
Zip
33604
Country
Hillsborough

4. FEI Number
59-3649371
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYSON, KIM
601 N. ASHLEY DR.
SUITE 300
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

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

337 S. Plant Ave

City

Tampa

FL

Zip Code

33604

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

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, 2006**

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 ☐ Delete
NAME KIRTLEY, JOHN
STREET ADDRESS 601 N. ASHLEY DR., STE 300
CITY-ST-ZIP TAMPA, FL 33602

TITLE D ☐ Delete
NAME MCDOROUGH, HEATHER M
STREET ADDRESS 601 N. ASHLEY DR., STE 300
CITY-ST-ZIP TAMPA, FL 33602

TITLE D ☐ Delete
NAME SCOTT, THOMAS
STREET ADDRESS 601 N. ASHLEY DR., STE 300
CITY-ST-ZIP TAMPA, FL 33602

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **337 S. Plant Ave**
CITY-ST-ZIP **Tampa FL 33604**

TITLE ☒ Change ☐ Addition
NAME **D Moore, Heather**
STREET ADDRESS **337 S. Plant Ave**
CITY-ST-ZIP **Tampa FL 33604**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **337 S. Plant Ave**
CITY-ST-ZIP **Tampa FL 33604**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/06

813-258-2700