

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F03000003342

FILED
Nov 05, 2004
Secretary of State**Entity Name:** EDUCATIONAL FUNDING OF THE SOUTH, INC.**Current Principal Place of Business:**123 CENTER PARK DRIVE
KNOXVILLE, TN 37922**New Principal Place of Business:****Current Mailing Address:**123 CENTER PARK DRIVE
KNOXVILLE, TN 37922**New Mailing Address:****FEI Number:** 58-1757969 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**Name and Address of Current Registered Agent:**MARKIS, MISSY
10245 CENTURION PKWY. NORTH, SUITE 108
JACKSONVILLE, FL 32256 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:** PCEO () Delete
Name: HOLLIN, WM. ANTHONY
Address: 123 CENTER PARK DRIVE
City-St-Zip: KNOXVILLE, TN 37922**Title:** DSRV () Delete
Name: GAMBILL, RON
Address: 501 CORPORATE CENTER DRIVE, STE. 320
City-St-Zip: FRANKLIN, TN 37067**Title:** VCD () Delete
Name: RAGSDALE, MIKE
Address: 400 MAIN STREET, SUITE 615
City-St-Zip: KNOXVILLE, TN 37912**Title:** DST () Delete
Name: COLLINS, DAVID
Address: 1221 SNOWDON DRIVE
City-St-Zip: KNOXVILLE, TN 37912**Title:** D () Delete
Name: MAYS, JOHN E
Address: 4927 HIGH GROVE LANE
City-St-Zip: KNOXVILLE, TN 37918**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN E. ARNOLD, JR.

SR.

11/05/2004

Electronic Signature of Signing Officer or Director_____
Date