


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90024 034 ****61.25

DOCUMENT # F03000003342 1. Entity Name EDUCATIONAL FUNDING OF THE SOUTH, INC.	
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Principal Place of Business 123 CENTER PARK DRIVE KNOXVILLE, TN 37922	Mailing Address 123 CENTER PARK DRIVE KNOXVILLE, TN 37922
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50031817



2. Principal Place of Business 298 N. Seven Oaks Dr. Suite, Apt. #, etc.	3. Mailing Address 298 N. Seven Oaks Dr. Suite, Apt. #, etc.
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03162005 Chg-NP CR2E037 (10/03)

City & State Knoxville, TN	City & State Knoxville, TN
Zip 37922	Zip 37922
Country	Country

4. FEI Number 58-1757969	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKIS, MISSY
10245 CENTURION PKWY. NORTH, SUITE 108
JACKSONVILLE, FL 32256

7. Name and Address of New Registered Agent

Name

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

City
FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2005

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	PCEO HOLLIN, WM. ANTHONY 123 CENTER PARK DRIVE KNOXVILLE, TN 37922	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO HOLLIN, WM. ANTHONY 298 N. SEVEN OAKS DR. KNOXVILLE, TN 37922	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSRV GAMBILL, RON 501 CORPORATE CENTER DRIVE, STE. 320 FRANKLIN, TN 37067	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GAMBILL, RON 501 CORPORATE CENTER DR., STE. 320 FRANKLIN, TN 37067	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD RAGSDALE, MIKE 400 MAIN STREET, SUITE 615 KNOXVILLE, TN 37912	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KESSEL, DWIGHT 4418 BEECHWOOD ROAD KNOXVILLE, TN 37920	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST COLLINS, DAVID 1221 SNOWDON DRIVE KNOXVILLE, TN 37912	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ROCHESTER, ANNE 298 N. SEVEN OAKS DR. KNOXVILLE, TN 37922	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYS, JOHN E 4927 HIGH GROVE LANE KNOXVILLE, TN 37918	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYS, JOHN E. 4927 HIGH GROVE LANE KNOXVILLE, TN 37918	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, SCOTT 400 MAIN STREET, SUITE 603 KNOXVILLE, TN 37902	<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.16.05 865.342.5101

Date Daytime Phone #