2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003342

FILED Feb 17, 2009 Secretary of State

Entity Name: EDUCATIONAL FUNDING OF THE SOUTH, INC.

Current Principal Place of Business: New Principal Place of Business: 104 NORTH SEVEN OAKS DRIVE KNOXVILLE, TN 37922 **Current Mailing Address: New Mailing Address:** 104 NORTH SEVEN OAKS DRIVE KNOXVILLE, TN 37922 FEI Number: 58-1757969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARKIS, MISSY 10245 CENTURION PKWY. NORTH, SUITE 108 JACKSONVILLE, FL 32256 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: CEOD () Delete () Change () Addition GAMBILL, RON Name: Name: 501 CORPORATE CENTER DRIVE, STE 320 Address: Address: City-St-Zip: FRANKLIN, TN 37067 US City-St-Zip: Title: PD () Delete Title: () Change () Addition ARNOLD, JOHN E JR Name: Name: Address: 104 NORTH SEVEN OAKS DRIVE Address: City-St-Zip: KNOXVILLE, TN 37922 US City-St-Zip: Title: VCD () Delete Title: () Change () Addition RAGSDALE, MIKE Name: Name: 400 MAIN STREET, SUITE 615 Address: Address: City-St-Zip: KNOXVILLE, TN 37912 City-St-Zip: Title: TD () Delete Title: TD (X) Change () Addition Name: KESSEL, DWIGHT Name: KESSEL, DWIGHT 4418 BEACHWOOD ROAD 4418 BEECHWOOD ROAD Address: Address: City-St-Zip: KNOXVILLE, TN 37920 US City-St-Zip: KNOXVILLE, TN 37920 US Title: () Delete Title: () Change () Addition MAYS, JOHN E Name: Name: 5114 DOVEWOOD WAY Address: Address: City-St-Zip: KNOXVILLE, TN 37918 City-St-Zip: Title: () Delete Title: (X) Change () Addition MOORE, SCOTT GRIESS, JOHN Name: Name: Address: 400 MAIN STREET, STE 603 Address: 5500 LONAS DRIVE SUITE 300 KNOXVILLE, TN 37902 KNOXVILLE, TN 37909 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 PD 02/17/2009