

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001142

**FILED**  
**Apr 12, 2004**  
**Secretary of State****Entity Name:** J.C. AND BERTA WALDRON EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**4542 S JEFFERSON ST  
LAMONT, FL 32336**New Principal Place of Business:**3618 WOODTRAIL SW  
DECATUR, AL 35603**Current Mailing Address:**4542 S JEFFERSON ST  
LAMONT, FL 32336**New Mailing Address:**3618 WOODTRAIL SW  
DECATUR, AL 35603**FEI Number:** 59-3695901**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**HORTON, NORMAN H JR.  
7740 DEEPWOODS TRAIL  
TALLAHASSEE, FL 32301**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: VT ( ) Delete  
Name: WALDRON, DARRYLE M  
Address: 4542 S JEFFERSON ST  
City-St-Zip: LAMONT, FL 32336

Title: S ( ) Delete  
Name: WALDRON, NANCY H  
Address: 4542 S JEFFERSON ST  
City-St-Zip: LAMONT, FL 32336

Title: P ( ) Delete  
Name: WALDRON, GREGORY W SR  
Address: 1330 5TH ST NE, #194  
City-St-Zip: HICKORY, NC 28601

Title: D ( ) Delete  
Name: WALDRON, DONNA  
Address: 1330 5TH ST NE, #194  
City-St-Zip: HICKORY, NC 28601

Title: D ( ) Delete  
Name: MESSER, BETTY  
Address: 1490 E JEFFERSON ST  
City-St-Zip: MONTICELLO, FL 32344

Title: D ( ) Delete  
Name: FAGLIE, ROY  
Address: RT 4 BOX 40285  
City-St-Zip: MONTICELLO, FL 32344

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: WALDRON, DARRYLE M  
Address: 3618 WOODTRAIL SW  
City-St-Zip: DECATUR, AL 35603

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: DARRYLE M. WALDRON

VP

04/12/2004

Electronic Signature of Signing Officer or Director

Date