

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90715 006 ****61.25

DOCUMENT # NO1000003461

1. Entity Name

**THE FRANK AND YVONNE KYLE EDUCATION FOUNDATION,
 INCORPORATED**

Principal Place of Business

Mailing Address

2412 NAPOLEON BONAPARTE DR.
 TALLAHASSEE FL 32308

2412 NAPOLEON BONAPARTE DR.
 TALLAHASSEE FL 32308

2. Principal Place of Business

3. Mailing Address

4475 Cessnock

4475 Cessnock

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 Pensacola FL

City & State
 Pensacola FL

4. FEI Number
 59-3721347

Applied For
 Not Applicable

Zip
 32504

Country
 Escambia

Zip
 32504

Country
 Escambia

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KYLE, DEIRDRE D
 2412 NAPOLEON BONAPARTE DR.
 TALLAHASSEE FL 32308

Name
 Sandra Kyle Hodges

Street Address (P.O. Box Number is Not Acceptable)
 4475 Cessnock

City Pensacola FL Zip Code 32504

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.

SIGNATURE: *Deirdre D. Kyle* *Sandra Kyle Hodges* 5/17/02
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KYLE, GINA A 1411 WYNHURST LN. VIENNA VA 22182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KYLE, F. MICHAEL 1411 WYNHURST LN. VIENNA VA 22182	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYLE, DAVID J NORTH POINTE BLD. PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KYLE, CAROLYN J NORTH POINTE BLVD. PENSACOLA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, BERNADETTE KYL NORTH POINTE BLVD. PENSACOLA FL 30152	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KYLE, DEIRDRE D 2412 NAPOLEON BONAPARTE DR. TALLAHASSEE FL 32308	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Kyle, Deirdre D. 6823 Danforth Way Stone Mountain, GA 30087	<input checked="" type="checkbox"/> Change <input 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: *Deirdre D. Kyle* 3-25-02 678-476-9672
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)