

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
 Suite, Apt. #, etc.

4475 Cessnock
 Suite, Apt. #, etc.

City & State
Pensacola FL

City & State
Pensacola FL

4. FEI Number
59-3721347

Applied For
 Not Applicable

Zip Country
32504 Escambia

Zip Country
32504 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 State Zip Code
Pensacola FL 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**
 Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/02

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 ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DP
 KYLE, GINA A
 1411 WYNHURST LN.
 VIENNA VA 22182**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DT
 KYLE, F. MICHAEL
 1411 WYNHURST LN.
 VIENNA VA 22182**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 KYLE, DAVID J
 NORTH POINTE BLD.
 PENSACOLA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 KYLE, CAROLYN J
 NORTH POINTE BLVD.
 PENSACOLA FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SMITH, BERNADETTE KYL
 NORTH POINTE BLVD.
 PENSACOLA FL 30152**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 KYLE, DEIRDRE D
 2412 NAPOLEON BONAPARTE DR.
 TALLAHASSEE FL 32308**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**S
 Kyle, Deirdre D.
 6823 Danforth Way
 Stone Mountain, GA 30087**

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**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 678-476-9672
 Date Daytime Phone #

CR2E037 (9/01)