2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003461

FILED Mar 26, 2004 Secretary of State

Entity Name: THE FRANK AND YVONNE KYLE EDUCATION FOUNDATION, INCORPORATED

Current Principal Place of Business: New Principal Place of Business: 4475 CESSNOCH 14816 AMELIA VIEW DRIVE PENSACOLA, FL 32514 JACKSONVILLE, FL 32226 **Current Mailing Address: New Mailing Address:** 4475 CESSNOCH 14816 AMELIA VIEW DRIVE PENSACOLA, FL 32514 JACKSONVILLE, FL 32226 FEI Number: 59-3721347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of New Registered Agent: Name and Address of Current Registered Agent: HODGES, SANDRA K KYLE, DEIRDRE D 4475 CESSNOCH 14816 AMELIA VIEW DRIVE PENSACOLA, FL 32514 US JACKSONVILLE, FL 32226 US 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 03/26/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition KYLE, GINA A Name: Name: 1411 WYNHURST LN. Address: Address: City-St-Zip: VIENNA, VA 22182 City-St-Zip: Title: () Delete Title: () Change () Addition KYLE, F. MICHAEL Name: Name: Address: 1411 WYNHURST LN. Address: City-St-Zip: VIENNA, VA 22182 City-St-Zip: Title: () Delete Title: () Change () Addition KYLE, DAVID J Name: Name: NORTH POINTE BLD. Address: Address: City-St-Zip: PENSACOLA, FL City-St-Zip: Title: () Delete Title: () Change () Addition KYLE, CAROLYN J Name: Name: NORTH POINTE BLVD. Address: Address: City-St-Zip: PENSACOLA, FL City-St-Zip: Title: Title: () Delete () Change () Addition SMITH, BERNADETTE KYL Name: Name: NORTH POINTE BLVD. Address: Address: City-St-Zip: PENSACOLA, FL 30152 City-St-Zip: Title: () Delete Title: (X) Change () Addition KYLE. DEIRDRE D KYLE. DEIRDRE D Name: Name: Address: 6823 DANFORTH WAY Address: 14816 AMELIA VIEW DRIVE STONE MOUNTAIN, GA 30087 JACKSONVILLE, FL 32226 City-St-Zip: 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: DEIRDRE D. KYLE SECR 03/26/2004