

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000003461

FILED  
Apr 28, 2003  
Secretary of State

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

## Current Principal Place of Business:

4475 CESSNOCK  
PENSACOLA, FL 32514

## New Principal Place of Business:

4475 CESSNOCH  
PENSACOLA, FL 32514

## Current Mailing Address:

4475 CESSNOCK  
PENSACOLA, FL 32514

## New Mailing Address:

4475 CESSNOCH  
PENSACOLA, FL 32514

FEI Number: 59-3721347

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HODGES, SANDRA K  
4475 CESSNOCK  
PENSACOLA, FL 32514 US

## Name and Address of New Registered Agent:

HODGES, SANDRA K  
4475 CESSNOCH  
PENSACOLA, FL 32514 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: SANDRA K. HODGES

04/28/2003

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: KYLE, GINA A  
Address: 1411 WYNHURST LN.  
City-St-Zip: VIENNA, VA 22182

Title: DT ( ) Delete  
Name: KYLE, F. MICHAEL  
Address: 1411 WYNHURST LN.  
City-St-Zip: VIENNA, VA 22182

Title: D ( ) Delete  
Name: KYLE, DAVID J  
Address: NORTH POINTE BLD.  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: KYLE, CAROLYN J  
Address: NORTH POINTE BLVD.  
City-St-Zip: PENSACOLA, FL

Title: D ( ) Delete  
Name: SMITH, BERNADETTE KYL  
Address: NORTH POINTE BLVD.  
City-St-Zip: PENSACOLA, FL 30152

Title: S ( ) Delete  
Name: KYLE, DEIRDRE D  
Address: 6823 DANFORTH WAY  
City-St-Zip: STONE MOUNTAIN, GA 30087

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: F. MICHAEL KYLE

DT

04/28/2003

Electronic Signature of Signing Officer or Director

Date