

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 15 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092004 Chg-NP CR2E037 (10/03)

MRS

DOCUMENT # N02000000056 1. Entity Name JOHN G. CARROLL EDUCATION FUND, INC.					
Principal Place of Business PO BOX 1633 QUINCY, FL 32351-1633			Mailing Address PO BOX 1633 QUINCY, FL 32351-1633		
<i>Change of Address</i>					
2. Principal Place of Business <i>2621 Mayfair Rd.</i> Suite, Apt. #, etc.			3. Mailing Address <i>2621 Mayfair Rd.</i> Suite, Apt. #, etc.		
City & State <i>Tallahassee, FL</i>		City & State <i>Tallahassee, FL</i>		4. FEI Number APPLIED FOR <i>30-0008170</i>	
Zip <i>32303</i>		Country <i>Leon</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEATON, BERNICE C 2621 MAYFAIR RD. TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KENON, SHAKELIA M 2074 MIDYETTE RD., #526 TALLAHASSEE, FL 32301		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="border: 1px solid black; padding: 5px; text-align: center;"> 800039537518 07/26/04--01071--012 **\$61.25 </div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIGHTFOOT, SAMANTHA 1013 MILDRED ST. BAINBRIDGE, GA		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete KEATON, BERNICE C 2621 MAYFAIR RD. TALLAHASSEE, FL 32303		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HENDERSON, SHAKELIA M 1673 S. KIRKMAN ROAD, #321 ORLANDO, FL 32811		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>D Henderson, Shakelia M</i> <i>4527 Cambium Court</i> <i>Orlando, FL 32818</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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: <i>B. C. Keaton</i>			Date <i>7/15/04</i>		Daytime Phone # <i>(850) 487-9045</i>