


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N04000000296 1. Entity Name ETHERIDGE-BEARD EDUCATION FOUNDATION INC.	
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Principal Place of Business POST OFFICE BOX 62115 JACKSONVILLE, FL 32208-2115	Mailing Address POST OFFICE BOX 62115 JACKSONVILLE, FL 32208-2115
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DO NOT WRITE IN THIS SPACE



07222006 No Chg-NP CR2E037 (4/06)

4. FEI Number 03-0546356	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

O'BRYANT, ANGELINE B
5712 FINCH AVENUE
JACKSONVILLE, FL 32219

**DO NOT WRITE
IN THIS SPACE**

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: Angeline B. O'Bryant 7-23-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'BRYANT, ANGELINE B 5712 FINCH AVENUE JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MATTHEWS, BETTY R 3113 CHELSEA DRIVE AUGUSTA, GA 30909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMPKINS, ALMA B 1020 TODD AVENUE NORTH AUGUSTA, SC 29841
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000572589
07/28/06-80005-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Angeline B. O'Bryant 7/23/06 (904) 814-7089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #