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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19965** (5)
1. Corporation Name
**NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATIO
N**

Principal Place of Business Mailing Address
HIGHWAY 90 WEST P.O. BOX 560 GRETN A FL 32332

3. Date Incorporated or Qualified **04/03/1987** 3a. Date of Last Report **04/18/1994**
4. FEI Number **59-2801357** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**FORD, CAROLYN
527 KEY STREET
QUINCY FL 32351**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agents and title if applicable. NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DANTLEY JAMES HUTCHINSON FERRY RD QUINCY FL	11 TITLE D	Thomas, Cedrick P.O. Box 21 "N/A" Quincy, Florida 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE D	ROLAX, VERONICA RT. 4, BOX 278 (N/A) QUINCY FL	21 TITLE D	Grace, Patricia <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE D	CAMPBELL, WITT 213 CLARK ST. QUINCY FL	31 TITLE D	Johnson, Henry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE C	LEWIS, CLARENCE LANER DR GRETN A FL	41 TITLE D	Ankcroum, Johnathan <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE SD	KELLY, ALICE RT. 4 BOX 1114 (N/A) QUINCY FL	51 TITLE D	Baker, Marcia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE DT	KELLY, VIVAN 218 PATTON ST. QUINCY FL	61 TITLE D	Marshall, Daryl <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Carolyn Ford* 4/13/95 (904) 856-5025
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Mailing Address)