


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra S. Mortimer Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N19965 (5)

1. Corporation Name
**NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATIO
N**



| | |
|--|---|
| Principal Place of Business HIGHWAY 90 WEST P.O. BOX 660-550 GRETNA FL 32332 | Mailing Address HIGHWAY 90 WEST P.O. BOX 660-650 GRETNA FL 32332-0560 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 04/03/1987 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-2801357 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 | 28. Zip |
| 24. Country | 29. Country |
| 25. Country | 30. Country |

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 | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) | FL |
| 83. | |
| 84. City | |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|----------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DANTLEY JAMES | |
| STREET ADDRESS | HUTCHINSON FERRY RD | |
| CITY-ST-ZIP | QUINCY FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | CAMPBELL, WITT | |
| STREET ADDRESS | 213 CLARK ST. | |
| CITY-ST-ZIP | QUINCY FL 3 | |
| TITLE | C | <input type="checkbox"/> DELETE |
| NAME | LEWIS, CLARENCE | |
| STREET ADDRESS | LANIER DR P O Box 395 N/A | |
| CITY-ST-ZIP | GRETNA FL 32332 | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | KELLY, ALICE | |
| STREET ADDRESS | RT. 4 BOX 1114 | |
| CITY-ST-ZIP | QUINCY FL 32351 | |
| TITLE | DT | <input type="checkbox"/> DELETE |
| NAME | KELLY, VIVAN | |
| STREET ADDRESS | 216 PATTON ST. | |
| CITY-ST-ZIP | QUINCY FL 32351 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | D Viney Gause |
| 1.3 STREET ADDRESS | P O Box 393 N/A |
| 1.4 CITY-ST-ZIP | Greensboro, Fla. 32336 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | D Stewart Parson |
| 2.3 STREET ADDRESS | 119 West Washington Street |
| 2.4 CITY-ST-ZIP | Chattahoochee, Fla. 32324 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do 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 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 DATE: 4/17/97 (904) 856-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0009293

CR2037 (9/96)