

FILE NOW: FILING FEE IS \$61.25

**APPROVED
AND
FILED**

1998 MAR -9 PM 12: 22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19965 (5)

1. Corporation Name
**NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATIO
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Principal Place of Business HIGHWAY 90 WEST P.O. BOX 550 GRETNA FL 32332 US	Mailing Address HIGHWAY 90 WEST P.O. BOX 550 GRETNA FL 32332 US
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3. Date Incorporated or Qualified
04/03/1987

4. FEI Number
59-2801357

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GAUSE, VINEY	
STREET ADDRESS	P.O. BOX 293 N/A	
CITY-ST-ZIP	GREENSBORO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PARSON, STEWART	
STREET ADDRESS	119 WEST WASHINGTON STREET	
CITY-ST-ZIP	CHATTAHOOCHEE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	LEWIS, CLARENCE	
STREET ADDRESS	P.O. BOX 395 N/A	
CITY-ST-ZIP	GRETNA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KELLY, ALICE	
STREET ADDRESS	RT. 4 BOX 1114	
CITY-ST-ZIP	QUINCY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	KELLY, VIVIAN	
STREET ADDRESS	216 PATTON ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE	Carolyn Ford	<input type="checkbox"/> DELETE
NAME	527 Key St	
STREET ADDRESS	Quincy FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	100002453181--5
1.4 CITY-ST-ZIP	-03/10/98--01105--006
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	*****70.00
2.4 CITY-ST-ZIP	*****70.00
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 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 _____ DATE **3/19/98** **850-856-5025**

CR2E037 (10/97)