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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19965

1. Corporation Name

NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATIO
N

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

04/03/1987

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2801357

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORD, CAROLYN
527 KEY STREET
QUINCY FL 32351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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, VMIAN	
STREET ADDRESS	216 PATTON ST.	
CITY-ST-ZIP	QUINCY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORD, CAROLYN	
STREET ADDRESS	527 KEY ST	
CITY-ST-ZIP	QUINCY FL 32351	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/99 850-856-5025
Date Daytime Phone #

CR2E037 (1/198)