

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90053 020 ****70.00

DOCUMENT # N19965

1. Entity Name

NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATION

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2801357

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FORD, CAROLYN
527 KEY STREET
QUINCY FL 32351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Carolyn Ford

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
 NAME **GAUSE, VINEY**
 STREET ADDRESS **P.O. BOX 293 N/A**
 CITY-ST-ZIP **GREENSBORO FL**

TITLE **D** Change Addition
 NAME **Clarita White**
 STREET ADDRESS **1117 Smith Street**
 CITY-ST-ZIP **Quincy, Florida 32351**

TITLE **D** Delete
 NAME **PARSON, STEWART**
 STREET ADDRESS **119 WEST WASHINGTON STREET**
 CITY-ST-ZIP **CHATTAHOOCHEE FL**

TITLE **D** Change Addition
 NAME **Greed, Ora**
 STREET ADDRESS **324 S. Shadow St**
 CITY-ST-ZIP **Quincy, Florida 32351**

TITLE **C** Delete
 NAME **LEWIS, CLARENCE**
 STREET ADDRESS **P.O. BOX 395 N/A**
 CITY-ST-ZIP **GRETNA FL**

TITLE **D** Change Addition
 NAME **Figgers, Sarah**
 STREET ADDRESS **930 W. Crawford Street**
 CITY-ST-ZIP **Quincy, FL 32351**

TITLE **SD** Delete
 NAME **KELLY, ALICE**
 STREET ADDRESS **RT. 4 BOX 1114**
 CITY-ST-ZIP **QUINCY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **KELLY, VIVAN**
 STREET ADDRESS **216 PATTON ST.**
 CITY-ST-ZIP **QUINCY FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **FORD, CAROLYN**
 STREET ADDRESS **527 KEY ST**
 CITY-ST-ZIP **QUINCY FL 32351**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Carolyn Ford **QUINCY CAROLYN Ford**

3/29/02

850-5025

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)