

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90102 013 ****70.00

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01202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2801357	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

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
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FORD, CAROLYN
527 KEY STREET
QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Carolyn Ford Executive Director 4/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CLARITA 1117 SMITH STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREEN, ORA 324 S SHADOW ST QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LEWIS, CLARENCE P.O. BOX 395 N/A GRETNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGGERS, SARAH 930 W CRAWFORD STREET QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KELLY, VIVIAN 216 PATTON ST. QUINCY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORD, CAROLYN 527 KEY ST QUINCY, FL 32351

DO NOT WRITE IN THIS SPACE

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 Ex. Director 4/21/04 850-856-5025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #