


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N19965 1. Entity Name NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATION	
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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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01122005 No Chg-NP CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

FORD, CAROLYN
 527 KEY STREET
 QUINCY, FL 32351

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

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

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 01/13/05-80023-020 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 **CAROLYN Ford** 1/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #