

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19965

FILED
Apr 23, 2007
Secretary of State

Entity Name: NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATION

Current Principal Place of Business:

HIGHWAY 90 WEST
P.O. BOX 550
GRETNA, FL 32332 US

New Principal Place of Business:

100 BEECH STREET
GRETNA, FL 32332 US

Current Mailing Address:

HIGHWAY 90 WEST
P.O. BOX 550
GRETNA, FL 32332 US

New Mailing Address:

100 BEECH STREET
P.O. BOX 550
GRETNA, FL 32332 US

FEI Number: 59-2801357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FORD, CAROLYN
527 KEY STREET
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

FORD, CAROLYN G EX. DIR
526 KEY STREET
QUINCY, FL 32351 US

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

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, CLARETHA
Address: 1117 SMITH STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: GREEN, ORA
Address: 324 S SHADOW ST
City-St-Zip: QUINCY, FL 32351

Title: C () Delete
Name: LEWIS, CLARENCE,
Address: P.O. BOX 395 N/A
City-St-Zip: GRETNA, FL

Title: D () Delete
Name: FIGGERS, SARAH
Address: 930 W CRAWFORD STREET
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: THOMAS, LIZZIE
Address: 159 STRONG ROAD
City-St-Zip: QUINCY, FL 32351

Title: D () Delete
Name: MERJIVAR, ELVELIA
Address: 14 WEST JEFFERSON STREET
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THOMAS, LIZZIE
Address: 159 STRONG RD
City-St-Zip: QUINCY, FL 32351

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN FORD

D

04/23/2007

Electronic Signature of Signing Officer or Director

Date