

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19965

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

100 BEECH STREET  
GRETNA, FL 32332 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CLARENCE LEWIS

Electronic Signature of Signing Officer or Director

MR

04/28/2008

\_\_\_\_\_ Date