

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# N19965

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: D (X) Change () Addition
Name: MCGRIFF, TONJII - WIGGINS
Address: 96 RED BIRD RD
City-St-Zip: QUINCY, FL 32351

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

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

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Name:
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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

MR

04/08/2009

Electronic Signature of Signing Officer or Director

_____ Date