## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 16, 2005 08:00 AM Secretary of State

| DOCUMENT  1. Entity Name FLORIDA EDUCAT   | • |   |  |
|---|---|---|--|
| Principal Place of Business<br>210 E KENNEDY BLVD,<br>SUITE 1525<br>TAMPA, FL 33602 |   | Mailing Address<br>210 E KENNEDY BLVD,<br>SUITE 1525<br>TAMPA, FL 33602 |  |



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number Applied For S9-2783821 Not Applied For Not Applied For Status Desired \$8.75 Additional Fee Required

MOREHOUSE, LAWRENCE FLORIDA EDUCATION FUND, INC. 201 E. KENNDEY BLVD., SUITE 1525

## DO NOT WRITE IN THIS SPACE

| TAMPA, FL 33602   |  | 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 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<br>Due by May 1, 2005                                    | 9- Election Campaign Financ<br>Trust Fund Contribution. | ing  | \$5.00 May Be<br>Added to Fees | 400000309399<br>04/16/05-80035-017, 70, 00   |  |  |
| 10,   | OFFICERS AND DIREC   | CTORS   |  |                                | The state of the s |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | STD<br>RHODES, DEMORIS<br>7624 WINGING WAY DR<br>TAMPA, FL 33615               |   | <u>.                                    </u> |                                | equities of the second of the  |  |  |
| TITLE NAME STREET ADDRESS GITY-SI-ZIP   | D<br>CARR, ELLIOTT L<br>2800 59TH CIRCLE SOUTH<br>SAINT PETERSBURG, FL 33712   |   | -  | , 4 <u>-</u>                   | . <del></del>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>NIXON, ROBERT L DR<br>14158 FENNSBURY DRIVE<br>TAMPA, FL 336242597        |   | ~ · · · · ·                                  | DO                             | NOT WRITE  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | D<br>BENSON, HAYWARD J JR DR<br>4410 NW 67TH TERRACE<br>LAUDERHILL, FL 33319   |   | IN THIS SPACE                                |                                |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>CRAWFORD, CARL M DR<br>2737 NW 24TH AVENUE<br>FORT LAUDERDALE, FL 33311  |   | ·- ,-  |                                |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | P<br>MOREHOUSE, LAWRENCE<br>201 E KENNEDY BLVD., SUITE 1525<br>TAMPA, FL 33602 | . :   |  |                                |  |  |  |
| 12. I hereby certify that the information supplied with this filling 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 date and that my signature shall have the same legal effect as if made under outh, that I am an officer or director of the corporation or the releaver or tristee empowerel 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 attachatent with an address, with all expertise empowerels. |  |   |  |                                |  |  |  |

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence Morehouse - President

04/12/05 813-272-2772

Date Dayline Phone #