

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90088 007 ****70.00

DOCUMENT # N24220

1. Entity Name
FLORIDA EDUCATION FUND, INC.



Principal Place of Business

201 ~~210~~ E KENNEDY BLVD.
SUITE 1525
TAMPA, FL 33602

Mailing Address

201 ~~210~~ E KENNEDY BLVD.
SUITE 1525
TAMPA, FL 33602

40002727



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2783821

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MOREHOUSE, LAWRENCE
FLORIDA EDUCATION FUND, INC.
201 E. KENNEDY BLVD., SUITE 1525
TAMPA, FL 33602

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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
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME CARR, ELLIOTT L
STREET ADDRESS 2800 59TH CIRCLE SOUTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33712

TITLE D
NAME NIXON, ROBERT L DR
STREET ADDRESS 14158 FENNSBURY DRIVE
CITY-ST-ZIP TAMPA, FL 336242597

TITLE D
NAME BENSON, HAYWARD J JR DR
STREET ADDRESS 4410 NW 67TH TERRACE
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE CD
NAME CRAWFORD, CARL M DR
STREET ADDRESS 2737 NW 24TH AVENUE
CITY-ST-ZIP FORT LAUDERDALE, FL 33311

TITLE P
NAME MOREHOUSE, LAWRENCE
STREET ADDRESS 201 E KENNEDY BLVD., SUITE 1525
CITY-ST-ZIP TAMPA, FL 33602

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lawrence Morehouse President/CEO

813-272-2772