


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # N24220</b><br>1. Entity Name<br>FLORIDA EDUCATION FUND, INC. |  |
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|   |   |
|---|---|
| Principal Place of Business<br>201 E KENNEDY BLVD.<br>SUITE 1525<br>TAMPA, FL 33602 | Mailing Address<br>201 E KENNEDY BLVD.<br>SUITE 1525<br>TAMPA, FL 33602 |
|---|---|

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01042008 No Chg-NP CR2E037 (4/06)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>59-2783821 | Applied For<br>Not Applicable |
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|                                  |   |
|----------------------------------|---|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |
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| 6. Name and Address of Current Registered Agent<br><br>MOREHOUSE, LAWRENCE<br>FLORIDA EDUCATION FUND, INC.<br>201 E. KENNEDY BLVD., SUITE 1525<br>TAMPA, FL 33602 |
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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<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

|   |   |                                       |   |
|---|---|---------------------------------------|---|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be<br>Added to Fees | U000000779937<br>01/11/08-80055-019 70.00 |
|---|---|---------------------------------------|---|

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>CARR, ELLIOTT L<br>2800 59TH CIRCLE SOUTH<br>SAINT PETERSBURG, FL 33712   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>NIXON, ROBERT L DR<br>14158 FENNSBURY DRIVE<br>TAMPA, FL 336242597        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>BENSON, HAYWARD J JR DR<br>4410 NW 67TH TERRACE<br>LAUDERHILL, FL 33319   |
| 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>MOREHOUSE, LAWRENCE<br>201 E KENNEDY BLVD., SUITE 1525<br>TAMPA, FL 33602 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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.

|  |                                       |   |
|--|---------------------------------------|---|
| <b>SIGNATURE:</b> <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | <b>11/7/08</b><br><small>Date</small> | <b>813-272-2772</b><br><small>Daytime Phone #</small> |
|--|---------------------------------------|---|

Lawrence Morehouse