

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24220

FILED
Jan 15, 2009
Secretary of State

Entity Name: FLORIDA EDUCATION FUND, INC.

Current Principal Place of Business:

201 E KENNEDY BLVD.
SUITE 1525
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

201 E KENNEDY BLVD.
SUITE 1525
TAMPA, FL 33602

New Mailing Address:

FEI Number: 59-2783821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOREHOUSE, LAWRENCE
FLORIDA EDUCATION FUND, INC.
201 E. KENNEDY BLVD., SUITE 1525
TAMPA, FL 33602 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: CARR, ELLIOTT L
Address: 2800 59TH CIRCLE SOUTH
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D () Delete
Name: NIXON, ROBERT L DR
Address: 14158 FENNSBURY DRIVE
City-St-Zip: TAMPA, FL 336242597

Title: D () Delete
Name: BENSON, HAYWARD J JR DR
Address: 4410 NW 67TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: CD () Delete
Name: CRAWFORD, CARL M DR
Address: 2737 NW 24TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: P () Delete
Name: MOREHOUSE, LAWRENCE
Address: 201 E KENNEDY BLVD., SUITE 1525
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CD (X) Change () Addition
Name: BENSON, HAYWARD J JR DR
Address: 4410 NW 67TH TERRACE
City-St-Zip: LAUDERHILL, FL 33319

Title: D (X) Change () Addition
Name: CRAWFORD, CARL M DR
Address: 2737 NW 24TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33311

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: LAWRENCE MOREHOUSE

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date