

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 13, 2004 08:00 AM
Secretary of State

DOCUMENT # N97000005055

1. Entity Name
**RIGHT TO LIFE OF NORTHEAST FLORIDA EDUCATION
FUND, INC.**



Principal Place of Business
**6316 SAN JUAN AVENUE STE. 13-B
JACKSONVILLE, FL 32210**

Mailing Address
**PO BOX 18004
JACKSONVILLE, FL 32229**

DO NOT WRITE IN THIS SPACE



08092004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3470619

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**TYSON, CAROL
1803 WAFFORD AVE
JACKSONVILLE, FL 32210**

**DO NOT WRITE
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 date if applicable. (NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
TYSON, CAROL
1803 WAFFORD AVE
JACKSONVILLE, FL 32218**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
WOLFORD, WILLIAM
6528 COLUMBINE DR
JACKSONVILLE, FL 32271**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**STD
PHOENIX, NICK
629 E 58TH ST
JACKSONVILLE, FL 322087**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000170056
08/13/04-80002-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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:

Nick Phoenix

Nick Phoenix

8-1-04

(904)765-5502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #