

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005055

FILED  
Feb 17, 2005  
Secretary of State

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

**Current Principal Place of Business:**

6316 SAN JUAN AVENUE STE. 13-B  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

85195 WINONA BAYVIEW RD.  
YULEE, FL 32097

**Current Mailing Address:**

PO BOX 18004  
JACKSONVILLE, FL 32229

**New Mailing Address:**

**FEI Number:** 59-3470619

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TYSON, CAROL  
1803 WAFFORD AVE  
JACKSONVILLE, FL 32210 US

**Name and Address of New Registered Agent:**

TYSON, CAROL  
85195 WINONA BAYVIEW RD.  
YULEE, FL 32097 US

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: \_\_\_\_\_

02/17/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TYSON, CAROL  
Address: 1803 WAFFORD AVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD ( ) Delete  
Name: WOLFORD, WILLIAM  
Address: 6528 COLUMBINE DR  
City-St-Zip: JACKSONVILLE, FL 32271

Title: STD ( ) Delete  
Name: PHOENIX, NICK  
Address: 629 E 58TH ST  
City-St-Zip: JACKSONVILLE, FL 322087

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NICK PHOENIX

STD

02/17/2005

Electronic Signature of Signing Officer or Director

Date