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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N98000001013**

1. Corporation Name
ESCAMBIA RIVER EDUCATIONAL FUND, INC.

Principal Place of Business	Mailing Address
3425 HIGHWAY 4 WEST JAY FL 32565	3425 HIGHWAY 4 WEST JAY FL 32565

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3530753 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CAMPBELL, CLAY 3425 HIGHWAY 4 WEST JAY FL 32565	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Clay R. Campbell CLAY R. Campbell General Manager 4/23/99 850-675-4521
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ESCAMBIA RIVER EDUCATIONAL FUND, INC.
3425 HWY 4 W
JAY, FL 32565

N98000001013
532100.9026-18

FEI NUMBER 59-0235225

12. OFFICERS AND DIRECTORS

1.1	TITLE	D/P
1.2	NAME	DIAMOND, JOHN MARSHALL
1.3	ADDRESS	12778 HWY 197
1.4	CITY-ST-ZIP	JAY, FL 32565-9639
2.1	TITLE	D/V
2.2	NAME	COON, WILLIAM P.
2.3	ADDRESS	3510 SANDY HOLLOW RD.
2.4	CITY-ST-ZIP	CENTURY, FL 32535-2518
3.1	TITLE	D/S/T
3.2	NAME	SALTER, L.C. "CAMPBELL"
3.3	ADDRESS	2305 HWY 182
3.4	CITY-ST-ZIP	JAY, FL 32565
4.1	TITLE	D
4.2	NAME	IVEY, DONALD GRADY
4.3	ADDRESS	211 MILDRED ST.
4.4	CITY-ST-ZIP	JAY, FL 32565
5.1	TITLE	D
5.2	NAME	JOHNSON, HERMAN D.
5.3	ADDRESS	2950 PURDUE RD.
5.4	CITY-ST-ZIP	MCDAVID, FL 32568-9748
6.1	TITLE	D
6.2	NAME	MCARTHUR, E. CAL
6.3	ADDRESS	5525 OLD POLLARD RD.
6.4	CITY-ST-ZIP	JAY, FL 32565
7.1	TITLE	D
7.2	NAME	CARAWAY, CARL A.
7.3	ADDRESS	4730 HALL RD.
7.4	CITY-ST-ZIP	MCDAVID, FL 32568
8.1	TITLE	D
8.2	NAME	STEWART, R.L., "JACK"
8.3	ADDRESS	4510 W. STATE LINE RD.
8.4	CITY-ST-ZIP	CENTURY, FL 32535-2016
9.1	TITLE	D
9.2	NAME	VON AXELSON, OSCAR
9.3	ADDRESS	RT. 1, BOX 88 N/A
9.4	CITY-ST-ZIP	MILTON, FL 32570
9.1	TITLE	D
9.2	NAME	HALL, JAMES E.
9.3	ADDRESS	5081 HWY. 164
9.4	CITY-ST-ZIP	MCDAVID, FL 32568