2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001013

Entity Name: ESCAMBIA RIVER EDUCATIONAL FUND, INC.

FILED Mar 23, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3425 HIGHWAY 4 WEST JAY, FL 32565 **Current Mailing Address: New Mailing Address:** 3425 HIGHWAY 4 WEST JAY, FL 32565 FEI Number: 59-3530753 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CAMPBELL, CLAY 3425 HIGHWAY 4 WEST JAY, FL 32565 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DST (X) Change () Addition () Delete SALTER, L.C. Name: LOCKLIN, RADFORD JR Name: 2305 HWY 182 Address: 15451 MUNSON HWY Address: City-St-Zip: JAY, FL 32565 City-St-Zip: MILTON, FL 32570 Title: DP Title: () Delete () Change () Addition Name: DIAMOND, JOHN M Name: Address: 12778 HWY 197 Address: City-St-Zip: JAY, FL 325659639 City-St-Zip: Title: () Delete Title: () Change () Addition COON, WILLIAM P Name: Name: Address: 3510 SANDY HOLLY RD. Address: City-St-Zip: CENTURY, FL 325352518 City-St-Zip: () Delete Title: Title: () Change () Addition MCARTHUR, E. CAL Name: Name: 5525 OLD POLLARD RD Address: Address: City-St-Zip: JAY, FL 32565 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, JOHNIE Name: Name: 2950 PURDUE RD Address: Address: City-St-Zip: MCDAVID, FL 32568 City-St-Zip: Title: () Delete Title: (X) Change () Addition CARAWAY, CARL A CARAWAY, CARL A Name: Name: Address: 4730 HALL RD Address: 4730 HALL RD MCDAVID, FL 32568 MCDAVID, FL 32568 City-St-Zip: 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: JOHN DIAMOND DP 03/23/2004

WALKER, SAMUEL E 3241 LAMBERT BRIDGE RD MCDAVID, FL 32568

WESTMORELAND, DALE P O BOX 424 JAY, FL 32565

HUNSUCKER,RICHARD ALAN 3300 WALLACE LAKE RD PACE, FL 32571

HALL, JAMES E P O BOX 142 WALNUT HILL, FL 32568