2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# N98000001013

Entity Name: ESCAMBIA RIVER EDUCATIONAL FUND, INC.

Current Principal Place of Business:

3425 HIGHWAY 4 WEST
JAY, FL 32565

New Principal Place of Business:

Current Mailing Address:

3425 HIGHWAY 4 WEST
JAY, FL 32565

New Mailing Address:

FEI Number: 59-3530753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAMPBELL, CLAY
3425 HIGHWAY 4 WEST
JAY, FL 32565 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:	DST	( ) Delete
Name:	LOCKLIN, RADFORD JR	
Address:	15451 MUNSON HWY	
City-St-Zip:	MILTON, FL 32570	
Title:	DP	( ) Delete
Name:	DIAMOND, JOHN M	
Address:	12778 HWY 197	
City-St-Zip:	JAY, FL 325659639	
Title:	D	( ) Delete
Name:	COON, WILLIAM P	
Address:	3510 SANDY HOLLY RD.	
City-St-Zip:	CENTURY, FL 325352518	
Title:	D	( ) Delete
Name:	MCARTHUR, E. CAL	
Address:	5525 OLD POLLARD RD	
City-St-Zip:	JAY, FL 32565	
Title:	D	( ) Delete
Name:	JOHNSON, JOHNIE	
Address:	2950 PURDUE RD	
City-St-Zip:	MCDAVID, FL 32568	
Title:	D	(X) Delete
Name:	CARAWAY, CARL A	
Address:	4730 HALL RD	
City-St-Zip:	MCDAVID, FL 32568	

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:	
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: CLAY R. CAMPBELL CEO 02/24/2005

Electronic Signature of Signing Officer or Director — Date