2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2009
Secretary of State

DOCUMENT# N98000001013

Entity Name: ESCAMBIA RIVER EDUCATIONAL FUND, INC.

Current Principal Place of Business:

3425 HIGHWAY 4 WEST
JAY, FL 32565 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 428
JAY, FL 32565 US

New Mailing Address:

FEI Number: 59-3530753 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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 US	
Title:	DP	( ) Delete
Name:	DIAMOND, JOHN M	
Address:	12778 HWY 197	
City-St-Zip:	JAY, FL 325659639 US	
Title:	D	( ) Delete
Name:	COON, WILLIAM P	
Address:	3510 SANDY HOLLY RD	
City-St-Zip:	CENTURY, FL 325352518 US	
Title:	D	( ) Delete
Name:	MCARTHUR, E. CAL	
Address:	5525 OLD POLLARD RD	
City-St-Zip:	JAY, FL 32565 US	
Title:	D	( ) Delete
Name:	JOHNSON, JOHNIE	
Address:	2950 PURDUE RD	
City-St-Zip:	MCDAVID, FL 32568 US	
Title:	D	( ) Delete
Name:	HALL, JAMES	
Address:	P O BOX 142	
City-St-Zip:	WALNUT HILL, FL 32568 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DP	(X) Change ( ) Addition
Name:	WALKER, SAM	
Address:	3241 LAMBERT BRIDGE RD	
City-St-Zip:	MCDAVID, FL 32568 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	DVP	(X) Change ( ) Addition
Name:	HUNSUCKER, RICHARD A	
Address:	3300 WALLACE LAKE RD	
City-St-Zip:	PACE, FL 32571 US	
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 exemption stated in Chapter 119, 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 05/21/2009

Electronic Signature of Signing Officer or Director — Date