

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

FILED 08/23/99 90175 020 *****61.25
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 N98000002610

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DOCUMENT # N98000002610

1. Corporation Name

THE EVA J. DIXON EDUCATIONAL FUND, INC.

Principal Place of Business

539 JOHNS PASS AVE
 MADEIRA BEACH FL 33708-2368

Mailing Address

539 JOHNS PASS AVE
 MADEIRA BEACH FL 33708-2368

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/06/1998	
1] Suite, Apt. #, etc.		2b. Suite, Apt. #, etc.		4. FEI Number 59-3513473	
2] City & State		27. City & State		Applied For Not Applicable	
3] Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
4] Zip		30. Zip			

9. Name and Address of Current Registered Agent

SCOTT, ETHEL
 700 BEACH DRIVE #404
 ST PETERSBURG FL 33701

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHIGIAN, BARBARA M	1.2 NAME	
STREET ADDRESS	539 JOHNS PASS AVE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	MADEIRA BEACH FL 33708-2368	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEATOR, ALICE	2.2 NAME	
STREET ADDRESS	6650 SUNSET WAY #215	2.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL 33708	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAYSOR, VIRGINIA	3.2 NAME	
STREET ADDRESS	6820 FIFTH AVE N	3.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL 33710	3.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, ETHEL H	4.2 NAME	
STREET ADDRESS	700 BEACH DRIVE #404	4.3 STREET ADDRESS	
CITY-STATE-ZIP	ST PETERSBURG FL 33701	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, IDA M	5.2 NAME	
STREET ADDRESS	17030 FIRST AVE N NO.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	REDINGTON BEACH FL 33708	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(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 empowerments.

SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF LISTING OFFICER OR DIRECTOR Date: 7/28/97 727-392-3263

CR2E037 (5/99)