

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91721 031 \*\*\*\*61.25

**DOCUMENT # N98000002610**

1. Entity Name

**THE EVA J. DIXON EDUCATIONAL FUND, INC.**

Principal Place of Business

Mailing Address

**539 JOHNS PASS AVE  
 MADEIRA BEACH FL 33708-2368**

**539 JOHNS PASS AVE  
 MADEIRA BEACH FL 33708-2368**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3513473**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AHIGIAN, BARBARA M  
 539 JOHNS PASS AVE  
 MADEIRA BEACH FL 33708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>AHIGIAN, BARBARA M</b>
STREET ADDRESS	<b>539 JOHNS PASS AVE</b>
CITY-ST-ZIP	<b>MADEIRA BEACH FL 33708-2368</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KEATOR, ALICE</b>
STREET ADDRESS	<b>6650 SUNSET WAY #215</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33706</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RAYSOR, VIRGINIA</b>
STREET ADDRESS	<b>6920 FIFTH AVE N</b>
CITY-ST-ZIP	<b>ST PETERSBURG FL 33710</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>THORN, IDA M</b>
STREET ADDRESS	<b>17030 FIRST AVE N NO.</b>
CITY-ST-ZIP	<b>REDINGTON BEACH FL 33708</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>RYMER, HAROLD</b>
STREET ADDRESS	<b>553 CLAIRE LANE</b>
CITY-ST-ZIP	<b>ORANGE PARK FL 32073</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Registered Agent*

5682 727-392-3263

CR2E037 (9/01)