

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000002610**

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3513473

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	AHIGIAN, BARBARA M	
STREET ADDRESS	539 JOHNS PASS AVE	
CITY-ST-ZIP	MADEIRA BEACH FL 33708-2368	

TITLE	D	<input type="checkbox"/> Delete
NAME	KEATOR, ALICE	
STREET ADDRESS	6650 SUNSET WAY #215	
CITY-ST-ZIP	ST PETERSBURG FL 33706	

TITLE	D	<input type="checkbox"/> Delete
NAME	RAYSOR, VIRGINIA	
STREET ADDRESS	6920 FIFTH AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33710	

TITLE	D	<input type="checkbox"/> Delete
NAME	THORN, IDA M	
STREET ADDRESS	17030 FIRST AVE N NO.	
CITY-ST-ZIP	REDINGTON BEACH FL 33708	

TITLE	D	<input type="checkbox"/> Delete
NAME	RYMER, HAROLD	
STREET ADDRESS	553 CLAIRE LANE	
CITY-ST-ZIP	ORANGE PARK FL 32073	

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
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**

DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)