
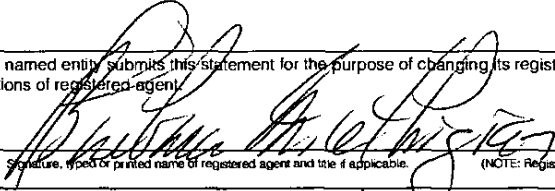



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90074 044 ****61.25

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.			3. Mailing Address Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		4. FEI Number 59-3513473		
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable		
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		
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. I am familiar with, and accept the obligations of registered agent.				FL Zip Code		
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE		
Filing Fee is \$61.25 Due by May 1, 2004			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State						
10. OFFICERS AND DIRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AHIGIAN, BARBARA M <input type="checkbox"/> Delete 539 JOHNS PASS AVE MADEIRA BEACH, FL 337082368					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEATOR, ALICE <input type="checkbox"/> Delete 6650 SUNSET WAY #215 ST PETERSBURG, FL 33706					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYSOR, VIRGINIA <input type="checkbox"/> Delete 6920 FIFTH AVE N ST PETERSBURG, FL 33710					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORN, IDA M <input checked="" type="checkbox"/> Delete 17030 FIRST AVE N NO. REDINGTON BEACH, FL 33708					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYMER, HAROLD <input checked="" type="checkbox"/> Delete 553 CLAIRE LANE ORANGE PARK, FL 32073					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR						
Date: 1/26/04 Daytime Phone #: 727-392-3263						