

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90022 003 ****61.25

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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**

11025886



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3513473**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	WONIDA	
STREET ADDR	1700 WEST AVE	
CITY-ST-ZIP	MADEIRA BEACH FL 33708	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLARE	
STREET ADDRESS	183 CLARE LA	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Barbara M Ahigian 4-25-03 727-392-3263

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)