

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N98000002921	
1. Entity Name FOUNDATION FOR RURAL EDUCATION EXCELLENCE, INC.	

Principal Place of Business 3841 REID STREET PALATKA, FL 32177	Mailing Address 3841 REID STREET PALATKA, FL 32177
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DO NOT WRITE IN THIS SPACE

	
03162004 No Chg-NP	CR2E037 (10/03)
4. FEI Number 59-3515342	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent STARLING, KEVIN SHAY 3841 REID STREET PALATKA, FL 32177	DO NOT WRITE IN THIS SPACE
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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.

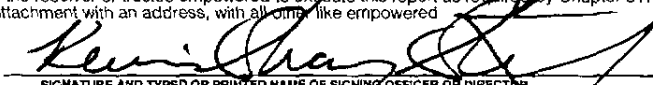
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	U000000147503 05/03/04-80110-003 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MD STARLING, KEVIN SHAY 3841 REID ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP WESTBURY, RICHARD 3841 REID ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT REED, CRAIG 3841 REID ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MEETZE, ANNA 3841 REID ST PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: 	4-27-04	(386) 329-3800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #