

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


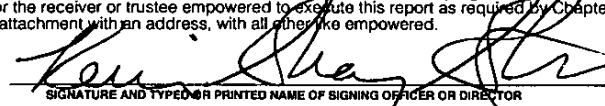
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Apr 08, 2005 8:00 am
Secretary of State

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01102005 Chg-NP CR2E037 (10/03)

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	
2. Principal Place of Business		3. Mailing Address P.O. Box 756	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Palatka, Florida	
Zip	Country	Zip	Country
32178	U.S.A.	32178	U.S.A.
4. FEI Number 59-3515342		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARLING, KEVIN SHAY 3841 REID STREET PALATKA, FL 32177		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD STARLING, KEVIN SHAY 3841 REID ST PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WESTBURY, RICHARD 3841 REID ST PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Westbury, Richard <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 286 Round Lake Rd. Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT REED, CRAIG 3841 REID ST PALATKA, FL 32177 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Webb, Mary Ellen <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2905 Meadows Lane Palatka, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MEETZE, ANNA 3841 REID ST PALATKA, FL 32177 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: 		3-18-05 (386)329-3886	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	