


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90032 015 ****70.00

DOCUMENT # N24220					
1. Entity Name FLORIDA EDUCATION FUND, INC.					
Principal Place of Business 210 E KENNEDY BLVD. SUITE 1525 TAMPA, FL 33602		Mailing Address 210 E KENNEDY BLVD. SUITE 1525 TAMPA, FL 33602			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2783821	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOREHOUSE, LAWRENCE FLORIDA EDUCATION FUND, INC. 201 E. KENNEDY BLVD., SUITE 1525 TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RHODES, DEMORIS		NAME		
STREET ADDRESS	7624 WINGING WAY DR		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33615		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSE, JANE		NAME	Carr, Elliott L.	
STREET ADDRESS	10302 SANDY SPRINGS CIRCLE		STREET ADDRESS	2800 59th Circle South	
CITY-ST-ZIP	LUTZ, FL 33558		CITY-ST-ZIP	St. Petersburg, FL 33712	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIXON, ROBERT L DR		NAME		
STREET ADDRESS	14158 FENNSBURY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 336242597		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENSON, HAYWARD J JR DR		NAME		
STREET ADDRESS	4410 NW 67TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL, FL 33319		CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, CARL M DR		NAME		
STREET ADDRESS	2737 NW 24TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOREHOUSE, LAWRENCE		NAME		
STREET ADDRESS	201 E KENNEDY BLVD., SUITE 1525		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33602		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: <u>Lawrence Morehouse</u>			Date: 02/16/04		Daytime Phone #: (813)272-2772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

44012136



01292004 Chg-NP CR2E037 (10/03)

Applied For Not Applicable

Lawrence Morehouse - President