


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**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

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 59-2783821  
 Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MOREHOUSE, LAWRENCE  
 FLORIDA EDUCATION FUND, INC.  
 201 E. KENNEDY BLVD., SUITE 1525  
 TAMPA, FL 33602

**DO NOT WRITE IN THIS SPACE**

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:  \$5.00 May Be Added to Fees

1100001309399  
 04/16/05-80035-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	RHODES, DEMORIS
STREET ADDRESS	7624 WINGING WAY DR
CITY-ST-ZIP	TAMPA, FL 33615
TITLE	D
NAME	CARR, ELLIOTT L
STREET ADDRESS	2800 59TH CIRCLE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, FL 33712
TITLE	D
NAME	NIXON, ROBERT L DR
STREET ADDRESS	14158 FENNSBURY DRIVE
CITY-ST-ZIP	TAMPA, FL 336242597
TITLE	D
NAME	BENSON, HAYWARD J JR DR
STREET ADDRESS	4410 NW 67TH TERRACE
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	CD
NAME	CRAWFORD, CARL M DR
STREET ADDRESS	2737 NW 24TH AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	P
NAME	MOREHOUSE, LAWRENCE
STREET ADDRESS	201 E KENNEDY BLVD., SUITE 1525
CITY-ST-ZIP	TAMPA, FL 33602

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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)(f), 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 an other like empowered.

SIGNATURE: Lawrence Morehouse 04/12/05 813-272-2772  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Lawrence Morehouse - President