


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90246 021 \*\*\*\*70.00

**DOCUMENT # N24220**  
 1. Entity Name  
 FLORIDA EDUCATION FUND, INC.



60002630

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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01032006 Chg-NP CR2E037 (11/05)

City & State  
 Zip Country

4. FEI Number  
 59-2783821

Applied For  
 Not Applicable

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

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

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

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lawrence Morehouse Date: 1/9/06 Daytime Phone #: 813-272-2112

Dr. Morehouse President/CEO