

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24220

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: FLORIDA EDUCATION FUND, INC.

**Current Principal Place of Business:**

201 E KENNEDY BLVD.  
SUITE 1525  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

201 E KENNEDY BLVD.  
SUITE 1525  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number: 59-2783821      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MOREHOUSE, LAWRENCE  
FLORIDA EDUCATION FUND, INC.  
201 E. KENNEDY BLVD., SUITE 1525  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARR, ELLIOTT L  
Address: 2800 59TH CIRCLE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: D ( ) Delete  
Name: NIXON, ROBERT L DR  
Address: 14158 FENNSBURY DRIVE  
City-St-Zip: TAMPA, FL 336242597

Title: D ( ) Delete  
Name: BENSON, HAYWARD J JR DR  
Address: 4410 NW 67TH TERRACE  
City-St-Zip: LAUDERHILL, FL 33319

Title: CD ( ) Delete  
Name: CRAWFORD, CARL M DR  
Address: 2737 NW 24TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: P ( ) Delete  
Name: MOREHOUSE, LAWRENCE  
Address: 201 E KENNEDY BLVD., SUITE 1525  
City-St-Zip: TAMPA, FL 33602

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: CD (X) Change ( ) Addition  
Name: BENSON, HAYWARD J JR DR  
Address: 4410 NW 67TH TERRACE  
City-St-Zip: LAUDERHILL, FL 33319

Title: D (X) Change ( ) Addition  
Name: CRAWFORD, CARL M DR  
Address: 2737 NW 24TH AVENUE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE MOREHOUSE

P

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date