

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19965

**FILED**  
**Mar 03, 2020**  
**Secretary of State**  
**2553187608CC**

**Entity Name:** NORTH FLORIDA EDUCATIONAL DEVELOPMENT CORPORATION

**Current Principal Place of Business:**

100 BEECH STREET  
GRETNA, FL 32332

**Current Mailing Address:**

100 BEECH STREET  
P.O. BOX 550  
GRETNA, FL 32332 US

**FEI Number: 59-2801357**

**Certificate of Status Desired: Yes**

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

FORD, CAROLYN GEX. DIR  
526 KEY STREET  
QUINCY, FL 32351 US

*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

**Officer/Director Detail :**

Title D  
Name MCGRIFF, TONJII -WIGGINS  
Address 96 RED BIRD RD  
City-State-Zip: QUINCY FL 32351

Title D  
Name GREEN, ORA  
Address 324 S SHADOW ST  
City-State-Zip: QUINCY FL 32351

Title DIRECTOR  
Name WILSON, KERLYN  
Address 434 CANOPY LANE  
City-State-Zip: QUINCY FL 32351

Title D  
Name FIGGERS, SARAH  
Address 930 W CRAWFORD STREET  
City-State-Zip: QUINCY FL 32351

Title D  
Name THOMAS, LIZZIE  
Address 159 STRONG RD  
City-State-Zip: QUINCY FL 32351

Title CEO  
Name FORD, CAROLYN  
Address P.O. BOX 326  
City-State-Zip: QUINCY FL 32353

Title DIRECTOR  
Name POWELL, PAULINE JONES  
Address 190 POWELL CIR.  
City-State-Zip: QUINCY FL 32353

*I hereby 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 all other like empowered.*

**SIGNATURE: CAROLYN FORD**

**EX. DIRECTOR**

**03/03/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date