

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001013

Entity Name: ESCAMBIA RIVER EDUCATIONAL FUND, INC.**Current Principal Place of Business:**3425 HIGHWAY 4 WEST
JAY, FL 32565**Current Mailing Address:**P O BOX 428
JAY, FL 32565 US**FEI Number:** 59-3530753**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CAMPBELL, CLAY
3425 HIGHWAY 4 WEST
JAY, FL 32565 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 DST
Name LOCKLIN, RADFORD JR
Address 15451 MUNSON HWY
City-State-Zip: MILTON FL 32570

Title PRESIDENT
Name HUNSUCKER, RICHARD A
Address 3300 WALLACE LAKE RD
City-State-Zip: PACE FL 32571

Title D
Name HALL, JAMES
Address P O BOX 142
City-State-Zip: WALNUT HILL FL 32568

Title DIRECTOR
Name HESTER, ERNEST
Address 3261 HWY 164
City-State-Zip: MCDAVID FL 32568

Title VP
Name WALKER, SAM
Address 3241 LAMBERT BRIDGE RD
City-State-Zip: MCDAVID FL 32568

Title D
Name WESTMORELAND, DALE
Address PO BOX 424
City-State-Zip: JAY FL 32565

Title DIRECTOR
Name DIAMOND, MICKEY
Address 12760 CHUMUCKLA HWY
City-State-Zip: JAY FL 32565

Title DIRECTOR
Name POWELL, J D
Address 6750 NOKOMIS RD
City-State-Zip: WALNUT HILL FL 32568

Continues on page 2

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: CLAY R CAMPBELL**GENERAL MGR/CEO****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KELLEY, JOHN ED
Address 5956 CENTRAL SCHOOL RD
City-State-Zip: MILTON FL 32570

Title DIRECTOR
Name WIGGINS, GARY
Address P. O. BOX 428
City-State-Zip: JAY FL 32565

Title CEO
Name CAMPBELL, CLAY E
Address P O BOX 428
City-State-Zip: JAY FL 32565