

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006074

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: FLORIDA NOW EDUCATION FUND INCORPORATED

**Current Principal Place of Business:**

2600 N. FLAGLER DR. #207  
WEST PALM BEACH, FL 334075521 US

**New Principal Place of Business:**

**Current Mailing Address:**

14939 WAND RD  
ORLANDO, FL 32824 US

**New Mailing Address:**

14939 WARD RD  
ORLANDO, FL 32824 US

FEI Number: 86-1055368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WILSON, MARY E  
14939 WARD RD  
ORLANDO, FL 32824 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: PRES ( ) Delete  
Name: AMIDEI, CONNIE  
Address: 4133 NW 46TH DR  
City-St-Zip: GAINESVILLE, FL 32606 US

Title: TREA ( ) Delete  
Name: WILSON, MARY E  
Address: 14939 WARD RD  
City-St-Zip: ORLANDO, FL 32824 US

Title: VP ( ) Delete  
Name: SLUTIAK, DONNA M  
Address: 6175 S HWY314 A  
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: SECT ( ) Delete  
Name: BLANCHARD, JANE  
Address: 2940 YORKSTOWN ST  
City-St-Zip: SARASOTA, FL 34231 US

Title: D ( ) Delete  
Name: MCCAFFREY, JESSICA  
Address: 5633 DUKE RD.  
City-St-Zip: JACKSONVILLE, FL 32207 US

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

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

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

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

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

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: MARY E WILSON

TREA

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date