## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N28116

FILED Jan 10, 2011 Secretary of State

Entity Name: PUBLIC EDUCATION FOUNDATION OF MARION COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business:

1239 NW 4TH STREET ROOM #001 OCALA, FL 34475

Current Mailing Address: New Mailing Address:

P.O. BOX 670 OCALA, FL 34478

FEI Number: 59-2949915 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

SAVAGE, CAROLE 1239 NW 4TH STREET ROOM #001 OCALA, FL 34475 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

## **OFFICERS AND DIRECTORS:**

Title: TREA

Name: SLAUGHTER, LANNY Address: 1500 NW 1ST. AVENUE City-St-Zip: OCALA, FL 34474

Title: IPP

 Name:
 BORING, LORI

 Address:
 2001 SW 17TH STREET

 City-St-Zip:
 OCALA, FL 34471

Title: ED

 Name:
 SAVAGE, CAROLE

 Address:
 1239 NW 4TH STREET

 City-St-Zip:
 OCALA, FL 34475

Title: PRES

Name: STEVENSON, JOHN Address: 85 SW 52ND AVENUE City-St-Zip: OCALA, FL 34474

Title: [

 Name:
 BLINKHORN, DEAN

 Address:
 3928 SE 14TH PLACE

 City-St-Zip:
 OCALA, FL 34480

Title: [

Name: TANNER, JEAN

Address: 2326 E. SILVER SPRINGS BLVD

City-St-Zip: OCALA, FL 34470

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: CAROLE SAVAGE AD 01/10/2011