

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012820

Entity Name: FPCA EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**239 CALLIOPE ST.
OCOE, FL 34761**Current Mailing Address:**239 CALLIOPE ST.
OCOE, FL 34761 US**FEI Number:** 20-8066270**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TU, DIEP
239 CALLIOPE ST.
OCOE, FL 34761 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:** DIEP TU

01/11/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :Title OFFICER, PRESIDENT
Name SWITZER, GLEN
Address 239 CALLIOPE ST.
City-State-Zip: OCOE FL 34761Title OFFICER, TREASURER
Name BOWERS, BRIAN
Address 239 CALLIOPE ST.
City-State-Zip: OCOE FL 34761Title OFFICER, VP
Name KENNEDY, LLOYD
Address 239 CALLIOPE ST.
City-State-Zip: OCOE FL 34761Title TRUSTEE
Name WILKERSON, ANDY
Address 239 CALLIOPE ST.
City-State-Zip: OCOE FL 34761Title TRUSTEE
Name SMITH, MARTY
Address 239 CALLIOPE ST.
City-State-Zip: OCOE FL 34761Title TRUSTEE
Name ERICSON, ALVIN
Address 239 CALLIOPE ST.
City-State-Zip: OCOE FL 34761Title EXECUTIVE DIRECTOR
Name TU, DIEP
Address 239 CALLIOPE ST.
City-State-Zip: OCOE FL 34761

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: DIEP TU

EXECUTIVE DIRECTOR

01/11/2021

Electronic Signature of Signing Officer/Director Detail

Date