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: JAMIE SUAREZ

Electronic Signature of Signing Officer/Director Detail

721 S.E. COUNTY RD 357

MAYO, FL 32066

Current Mailing Address:

DOCUMENT# N07000010945

Current Principal Place of Business:

721 S.E. COUNTY RD 357 MAYO. FL 32066

FEI Number: 83-0500037

Officer/Director Detail :

City-State-Zip: MAYO FL 32066

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

SUAREZ, JAMIE 721 S.E. CR. 357 MAYO, FL 32066 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:

Title С Title т Na

Name	CLUTTER, GAYLE	Name	OLIVA, MARTHA
Address	9764 LAKE SEMINOLE DR. E.	Address	2717 SW 21ST TERRACE
City-State-Zip:	LARGO FL 33373	City-State-Zip:	MIAMI FL 33145
Title	S		
Name	SUAREZ, JAMIE		
Address	721 S.E. COUNTY RD. 357		

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

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: THE FCRA EDUCATION FOUNDATION, INC.

Certificate of Status Desired: No

Date

01/13/2015

FILED Jan 13, 2015 Secretary of State CC6197458581

SECRETARY

Date