I hereby certify that the information indicated on this report or supplemental report is true and accura oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execu above, or on an attachment with all other like empowered.		
SIGNATURE BARBARA DEARMON	SECRETARY	05/01/2024

SECRETARY

SIGNATURE: BARBARA DEARMON

Electronic Signature of Signing Officer/Director Detail

i ne above named er	ntity submits this statement for the purpose of changing its registe	rea onice or registe	ered agent, or both, in the State of Flor	ida.
SIGNATURE:	BARBARA J DEARMON			05/01/2024
	Electronic Signature of Registered Agent			Date
Officer/Directe	or Detail :			
Title C		Title	TREASURER	
Name C	CLUTTER, GAYLE	Name	SANKY, JENNIFER	

Title	C	Title	TREASURER
Name	CLUTTER, GAYLE	Name	SANKY, JENNIFER
Address	9764 LAKE SEMINOLE DR. E.	Address	31915 GEOFF WAY
City-State-2	Zip: LARGO FL 33373	City-State-Zip:	SORRENTO FL 32776
Title	S		
Title Name	S DEARMON, BARBARA J.		
	-		

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JACKSONVILLE, FL 32222 **Current Mailing Address:**

10801 FALL CREEK DR W

10801 FALL CREEK DR W JACKSONVILLE, FL 32222 US

FEI Number: 83-0500037

Name and Address of Current Registered Agent:

DEARMON, BARBARA J. 10801 FALL CREEK DR W JACKSONVILLE, FL 32222 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

Entity Name: THE FCRA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

DOCUMENT# N07000010945

2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

May 01, 2024 Secretary of State 1297101135CR

FILED

Certificate of Status Desired: No

Date