#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

**FILED** Mar 13, 2020 Secretary of State 3884408020CC

## **Current Principal Place of Business:**

FLORIDA EDUCATION FOUNDATION 325 WEST GAINES STREET, SUITE 1524 TALLAHASSEE, FL 32399-0400

## **Current Mailing Address:**

FLORIDA EDUCATION FOUNDATION 325 WEST GAINES STREET, SUITE 1524 TALLAHASSEE, FL 32399-0400 US

FEI Number: 59-2718509 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

SWONSON, BETHANY L EXECUTIVE DIRECTOR FLORIDA EDUCATION FOUNDATION 325 WEST GAINES STREET, SUITE 1524 TALLAHASSEE, FL 32399-0400 US

**SECRETARY** 

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: BETHANY SWONSON 03/13/2020

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title

Title DIRECTOR Title **AUDIT CHAIR** 

Name MERLINO, JOHN Name WILT, MAUREEN A

FLORIDA POWER & LIGHT COMPANY Address AT&T Address

700 UNIVERSE BLVD 150 WEST FLAGLER STREET SUITE 1901

City-State-Zip: JUNO BEACH FL 33408 City-State-Zip: MIAMI FL 33130

Title CHAIRMAN

Name HOKANSON, CHARLES EGUSQUIZA, RAQUEL Name

Address HELIOS EDUCATION FOUNDATION

MARLINS FOUNDATION 101 EAST KENNEDY BLVD SUITE 2050 Address 501 MARLINS WAY

City-State-Zip: MIAMI FL 33125 City-State-Zip: TAMPA FL 33602

Title VC Title DIRECTOR

Name MONTEIRO-TRIBBLE, VELMA Name BRISE, RONALD A.

Address FLORIDA BLUE Address **GUNSTER** 4800 DEERWOOD CAMPUS PARKWAY 200 S. ORANGE AVENUE SUITE 1400

City-State-Zip: ORLANDO FL 32801

JACKSONVILLE FL 32246 City-State-Zip:

**EXECUTIVE DIRECTOR** Title Title **MEMBER** SWONSON, BETHANY Name

CHANCE, MARY Name Address

FLORIDA EDUCATION FOUNDATION Address CONSORTIUM OF FLORIDA 325 W GAINES ST. SUITE 1524

**EDUCATION FOUNDATIONS** 

City-State-Zip: TALLAHASSEE FL 32399-0400 PO BOX 358719

City-State-Zip: GAINESVILLE FL 32635-8719 Continues on page 2

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.

**EXECUTIVE DIRECTOR** 03/13/2020 SIGNATURE: BETHANY SWONSON

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

Title TREASURER Title DIRECTOR

Name BROWN, MONESIA Name CHARTRAND, GARY

Address WALMART STORES, INC. Address 6600 CORPORATE CENTER

1700 N MONROE STREET 11-119 PARKWAY

City-State-Zip: TALLAHASSEE FL 32308 City-State-Zip: JACKSONVILLE FL 32255

TitleDIRECTORTitleDIRECTORNameGAETZ, DONNameDAVIS, DANIEL

Address 4300 LEGENDARY DRIVE Address JAX CHAMBER SUITE 230 3 INDEPENDENT DRIVE

City-State-Zip: DESTIN FL 32541 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title MEMBER

Name DORWORTH, CHRIS Name GRAHAM, DAKEYAN

Address BALLARD PARTNERS Address 2020 FLORIDA TEACHER OF THE

618 E SOUTH STREET SUITE 500 YEAR

City-State-Zip: ORLANDO FL 32801 6815 N 56TH ST

City-State-Zip: TAMPA FL 33610