

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.**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:**ZANDER, LINDSEY P EXECUTIVE DIRECTOR
FLORIDA EDUCATION FOUNDATION
325 WEST GAINES STREET, SUITE 1524
TALLAHASSEE, FL 32399-0400 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:** LINDSEY ZANDER

04/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name EGUSQUIZA, RAQUEL
Address THE LATIN GRAMMY CULTURAL
FOUNDATION
5861 SW 12TH STREET
City-State-Zip: MIAMI FL 33144

Title TREASURER
Name BRISE, RONALD A.
Address GUNSTER
2774 EAGLES LANDING TRAIL
City-State-Zip: OCOEE FL 34761

Title EXECUTIVE DIRECTOR
Name ZANDER, LINDSEY
Address FLORIDA EDUCATION FOUNDATION
325 W GAINES ST. SUITE 1524
City-State-Zip: TALLAHASSEE FL 32399-0400

Title DIRECTOR
Name CHARTRAND, GARY
Address 139 PONTE VEDRA BOULEVARD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name HOKANSON, CHARLES
Address 325 W. GAINES ST.
City-State-Zip: TALLAHASSEE FL 32399

Title MEMBER
Name CHANCE, MARY
Address CONSORTIUM OF FLORIDA
EDUCATION FOUNDATIONS
PO BOX 358719
City-State-Zip: GAINESVILLE FL 32635-8719

Title CHAIRMAN
Name MATTHEWS, REBECCA
Address AUTOMATED HEALTH SYSTEMS
4560 GROVE PARK DRIVE
City-State-Zip: TALLAHASSEE FL 32311

Title MEMBER
Name SWEARINGEN, ADRIANNA
Address 2024 FLORIDA TEACHER OF THE
YEAR
325 WEST GAINES STREET 1524
City-State-Zip: TALLAHASSEE FL 32399

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.

SIGNATURE: LINDSEY ZANDER

EXECUTIVE DIRECTOR

04/17/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name GRANT, JOHN
Address 10024 ORANGE GROVE DRIVE
City-State-Zip: TAMPA FL 33618

Title SECRETARY
Name CRAWFORD-WHITAKER, KRISTIN
Address 3074 FERMANAGH DRIVE
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name ALVAREZ, CARLOS
Address CITY OF HIALEAH EDUCATIONAL ACADEMY
2590 W. 76TH ST.
City-State-Zip: HIALEAH FL 33016

Title DIRECTOR
Name CRISAFULLI, STEVE
Address CRISAFULLI CONSULTING
5125 MALLARD LAKES CT
City-State-Zip: MERRITT ISLAND FL 32953

Title AUDIT CHAIR
Name TEDROW, TARA
Address LOWNDES, DROSDICK, DOSTER,
KANTOR & REED
215 N EOLA DRIVE
City-State-Zip: ORLANDO FL 32801

Title VC
Name TOVAR, ANDREA
Address CORCORAN PARTNERS
7981 SW 89TH TERRANCE
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name CHAMBERS, MARCUS
Address OKALOOSA COUNTY SCHOOL
BOARD
120 LOWERY PLACE SE
City-State-Zip: FORT WALTON BEACH FL 32548

Title DIRECTOR
Name ROSS, SCOTT
Address CAPITAL CITY CONSULTING
124 W. JEFFERSON ST.
City-State-Zip: TALLAHASSEE FL 32301