

**2016 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:**SCHROEDER, DEBORAH J  
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:** DEBORAH J. SCHROEDER

02/08/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name CARLSON, STACY  
Address 100 N TAMPA STREET  
SUITE 1625  
City-State-Zip: TAMPA FL 33602

Title TREASURER  
Name ADAMS, NATHAN A IV  
Address 315 SOUTH CALHOUN STREET  
SUITE 600  
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR  
Name LEVY, ALAN J  
Address 11 SW 15TH STREET  
City-State-Zip: FT. LAUDERDALE FL 33315

Title DIRECTOR  
Name O'DONOGHUE, BRUCE  
Address 707 NICOLET AVENUE  
SUITE 100  
City-State-Zip: WINTER PARK FL 32789

Title VICE CHAIR  
Name SMITH, CONNIE E W  
Address 1 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY  
Name GROVE, JENNIFER  
Address ONE ENERGY PLACE  
City-State-Zip: PENSACOLA FL 32520

Title DIRECTOR  
Name MERLINO, JOHN  
Address 150 WEST FLAGLER STREET  
SUITE 100  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name PATEL, PIYUSH A  
Address 4454 FLORIDA NATIONAL DRIVE  
City-State-Zip: LAKELAND FL 33813

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*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:** STACY CARLSON

CHAIR

02/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	WILT, MAUREEN A
Address	700 UNIVERSE BLVD
City-State-Zip:	JUNO BEACH FL 33408