

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08500

**Entity Name:** FLORIDA EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**FLORIDA DEPARTMENT OF EDUCATION  
325 WEST GAINES STREET, SUITE 1524  
TALLAHASSEE, FL 32399-0400**Current Mailing Address:**FLORIDA DEPARTMENT OF EDUCATION  
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:**KIRACOFE, MARY LEE  
FLORIDA DEPARTMENT OF EDUCATION  
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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name CALABRO, DOMINIC M  
Address PO BOX 10209  
City-State-Zip: TALLAHASSEE FL 32302

Title D  
Name CARLSON, STACY  
Address 100 N TAMPA ST., STE 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 GOMEZ, ORLANDO  
Address 7100 SW 44TH STREET  
City-State-Zip: MIAMI FL 33155

Title S  
Name ROGERS-HOWELL, EMILY  
Address 4725 LAKE HANCOCK ROAD  
City-State-Zip: LAKE LAND FL 33812

Title VC  
Name THOMPSON, JIM  
Address 4890 WEST KENNEDY BLVD  
SUITE 600  
City-State-Zip: TAMPA FL 33609-1864

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

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

**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: DOMINIC M. CALABRO****CHAIRMAN****01/10/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title                   DIRECTOR  
Name                 SMITH, CONNIE E W  
Address             1 INDEPENDENT DRIVE  
                      10TH FLOOR  
City-State-Zip:   JACKSONVILLE FL 32202