SIGNATURE: DOMINIC M. CALABRO CHAIRMAN

Electronic Signature of Signing Officer/Director Detail

2013 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

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

above, or on an attachment with all other like empowered.

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

Officer/Director Detail :

Onicendired			
Title	CHAIRMAN	Title	т
Name	CALABRO, DOMINIC M	Name	O'DONOGHUE, BRUCE
Address	PO BOX 10209	Address	707 NICOLET AVENUE, SUITE 100
City-State-Zip:	TALLAHASSEE FL 32302	City-State-Zip:	WINTER PARK FL 32789
Title	S	Title	D
Name	ROGERS-HOWELL, EMILY	Name	BROGAN, FRANK T
Address	4725 LAKE HANCOCK ROAD	Address	325 WEST GAINES ST, SUITE 1600
City-State-Zip:	LAKELAND FL 33812	City-State-Zip:	TALLAHASSEE FL 32399
Title	D	Title	VC
Title Name	D CARLSON, STACY	Title Name	VC THOMPSON, JIM
			-
Name	CARLSON, STACY	Name	THOMPSON, JIM 4890 WEST KENNEDY BLVD SUITE 600
Name Address	CARLSON, STACY 100 N TAMPA ST., STE 1625	Name Address	THOMPSON, JIM 4890 WEST KENNEDY BLVD SUITE 600
Name Address City-State-Zip:	CARLSON, STACY 100 N TAMPA ST., STE 1625 TAMPA FL 33602	Name Address	THOMPSON, JIM 4890 WEST KENNEDY BLVD SUITE 600
Name Address City-State-Zip: Title	CARLSON, STACY 100 N TAMPA ST., STE 1625 TAMPA FL 33602 DIRECTOR	Name Address	THOMPSON, JIM 4890 WEST KENNEDY BLVD SUITE 600

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

FILED Jan 14, 2013 Secretary of State CC5949699093

Certificate of Status Desired: No

Date

01/14/2013 Date