

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002365

Entity Name: FLCARH SCHOLARSHIP FOUNDATION, INC.**Current Principal Place of Business:**7865 SOUTHSIDE BLVD
JACKSONVILLE, FL 32256**Current Mailing Address:**7865 SOUTHSIDE BLVD
JAACKSONVILLE, FL 32256 US**FEI Number: 26-4784058****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUMMERS, GARY L
380 WEST ALFRED STREET
TAVARES, FL 32778 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 DIRECTOR
Name BORTON, PAMELA K
Address 1006 GROVE STREET
City-State-Zip: CLEARWATER FL 33755

Title DIRECTOR
Name FLYNN, KEVIN T
Address 516 LAKEVIEW ROAD SUITE 8
City-State-Zip: CLEARWATER FL 33756

Title D
Name MISCUK, RICHARD
Address 1006 GROVE STREET
City-State-Zip: CLEARWATER FL 33755

Title VP
Name MC KNIGHT, LISA
Address 1813 JACKSON BLUFF ROAD
City-State-Zip: TALLAHASSEE FL 32304

Title SECRETARY
Name JOEHL, JUDY
Address 3111 PACES MILL ROAD SE
SUITE A250
City-State-Zip: ATLANTA GA 30339

Title PRESIDENT
Name SELIGMAN, KAREN
Address 7865 SOUTHSIDE BLVD
City-State-Zip: JACKSONVILLE FL 32256

Title TREASURER
Name CONNER, BRIDGET
Address 877 EXECUTIVE DR WEST
SUITE 100
City-State-Zip: ST. PETERSBURG FL 33702

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: KAREN J. SELIGMAN**PRESIDENT****04/13/2018**

Electronic Signature of Signing Officer/Director Detail

Date