

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000009950

**Entity Name:** JULIA NEUFFER EDUCATIONAL ENDOWMENT FOUNDATION, INC.

**FILED**  
**Apr 27, 2018**  
**Secretary of State**  
**CC6523258818**

**Current Principal Place of Business:**

822 W. LINEBAUGH AVENUE  
TAMPA, FL 33612

**Current Mailing Address:**

822 W. LINEBAUGH AVENUE  
TAMPA, FL 33612

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LEMKE, MICHELLE  
822 W. LINEBAUGH AVE.  
TAMPA, FL 33612 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 D  
Name HOLLAND, SCOTT  
Address 822 W. LINEBAUGH AVENUE  
City-State-Zip: TAMPA FL 33612

Title D  
Name LEMKE, MICHELLE  
Address 822 W. LINEBAUGH AVENUE  
City-State-Zip: TAMPA FL 33612

Title D  
Name BENNETT, BARBARA  
Address 822 W. LINEBAUGH AVENUE  
City-State-Zip: TAMPA FL 33612

Title D  
Name CASSELL, BRAD  
Address 822 W. LINEBAUGH AVENUE  
City-State-Zip: TAMPA FL 33612

Title D  
Name SHIELDS, SONDR  
Address 822 W. LINEBAUGH AVENUE  
City-State-Zip: TAMPA FL 33612

*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: MICHELLE LEMKE**

**OFFICER**

**04/27/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date