

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 28, 2014
Secretary of State
CC2341223024

Entity Name: FLORIDA TAX EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

800 MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

Current Mailing Address:

800 MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803

FEI Number: 45-5197356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC
800 MAGNOLIA AVENUE, SUITE 1500
ORLANDO, FL 32803 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, PRESIDENT
Name DETZEL, LAUREN Y
Address 800 MAGNOLIA AVENUE, SUITE 1500
City-State-Zip: ORLANDO FL 32803

Title D, VP
Name PRATT, DAVID
Address ONE BOCA PL-2255 GLADES RD,STE
421A ATRIUM
City-State-Zip: BOCA RATON FL 33431

Title D, VP
Name TESCHER, DONALD R
Address 4855 TECHNOLOGY WAY, STE 720
City-State-Zip: BOCA RATON FL 33431

Title V
Name BARNETT, LESLIE J.
Address 601 BAYSHORE BLVD.
SUITE 700
City-State-Zip: TAMPA FL 33606

Title V, S
Name BOKOR, BRUCE H.
Address 911 CHESTNUT ST.
City-State-Zip: CLEARWATER FL 33756

Title V
Name BOVAY, JOHN C.
Address 901 NW 57TH ST.
City-State-Zip: GAINESVILLE FL 32605

Title V
Name CALFEE, DENNIS A.
Address P.O. BOX 117625
City-State-Zip: GAINESVILLE FL 32611

Title V
Name COMITER, RICHARD B.
Address 3801 PGA BLVD.
SUITE 604
City-State-Zip: PALM BEACH GARDENS FL 33410

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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: LAUREN Y. DETZEL

PRESIDENT

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title V
Name FRIEL, MICHAEL
Address 320 HOLLAND HALL
City-State-Zip: GAINESVILLE FL 32611

Title VP
Name MCMAHON, MARTIN J. JR.
Address P.O. BOX 117625
City-State-Zip: GAINESVILLE FL 32611

Title V
Name PHILLIPS, A. BRIAN
Address 390 N. ORANGE AVE.
SUITE 1210
City-State-Zip: ORLANDO FL 32801

Title V
Name ULLMAN, SAMUEL C.
Address 200 S. BISCAYNE BLVD.
SUITE 2500
City-State-Zip: MIAMI FL 33131

Title V
Name KOHNER, MICHAEL L.
Address 777 S. FLAGLER DR.
SUITE 1700-W
City-State-Zip: WEST PALM BEACH FL 33401

Title V
Name NOSTRO, LOUIS J. JR.
Address 200 S. BISCAYNE BLVD.
SUITE 1500
City-State-Zip: MIAMI FL 33131

Title V
Name SCOGGIN, JOHN J.
Address 647 MIMOSA BLVD.
City-State-Zip: ROSWELL GA 30075