DOCUMENT# N12000004466

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Entity Name: FLORIDA TAX EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

420 S. ORANGE AVENUE SUITE 700 ORLANDO, FL 32801

Current Mailing Address:

P. O. BOX 2346 ORLANDO, FL 32802-2346 US

FEI Number: 45-5197356

Name and Address of Current Registered Agent:

DEAN MEAD SERVICES, LLC 420 S. ORANGE AVENUE SUITE 700 ORLANDO, FL 32801 US

Certificate of Status Desired: No

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 :

	Officer, Direc			
	Title	D, P	Title	D, VP, T
	Name	KEANE, CRISTIN C.	Name	DETZEL, LAUREN Y.
	Address	4221 W. BOY SCOUT BLVD	Address	420 S. ORANGE AVE SUITE 700
	City-State-Zip:	TAMPA FL 33607	City-State-Zip:	
	Title	D, VP	Title	D, VP
	Name	PRATT, DAVID	Name	TESCHER, DONALD R.
	SU	2255 GLADES RD SUITE 421A BOCA RATON FL 33431	Address	925 S. FEDERAL HWY SUITE 500
			City-State-Zip:	BOCA RATON FL 33432
	Title	VP	Title Name Address	VP
	Name	ACOSTA, JOLYON		AHEARN, MATTHEW J.
	Address	1801 N. HIGHLAND AVE		420 S. ORANGE AVE SUITE 700
	City-State-Zip:	TAMPA FL 33602		
	T '0.		City-State-Zip:	ORLANDO FL 32801
	Title	VP	Title	VP
	Name	BOVAY, JOHN C.		
	I		Name	BOWERS, DAVID
			Address	505 S. FLAGLER DR SUITE 1100
			City-State-Zip:	WEST PALM BEACH FL 33401

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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: CRISTIN C. KEANE

PRESIDENT

04/02/2019

Electronic Signature of Signing Officer/Director Detail

FILED Apr 02, 2019 Secretary of State 5412328192CC

Date

Officer/Director Detail Continued :

Title	VP	Title	VP
Name	BURNS, MICHAEL	Name	CALFEE, DENNIS A.
Address	647 MIMOSA BLVD	Address	P.O. BOX 117625
City-State-Zip:	ROSWELL GA 30075	City-State-Zip:	GAINESVILLE FL 32611
Title	VP	Title	VP
Name	FRIEL, MICHAEL	Name	KOHNER, MICHAEL L.
Address	320 HOLLAND HALL	Address	777 S. FLAGLER DR SUITE 1700-W
City-State-Zip:	GAINESVILLE FL 32611	City-State-Zip:	
Title	VP	Title	VP
Name	NOSTRO, LOUIS J. JR.	Name	PHILLIPS, A. BRIAN
Address	1441 BRICKELL AVE SUITE 1230	Address	912 HIGHLAND AVE
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	ORLANDO FL 32803
Title	VP	Title	VP
Name	SCROGGIN, JOHN J.	Name	BOWMAN, SCOTT A.
Address	647 MIMOSA BLVD	Address	2255 GLADES RD SUITE 421A
City-State-Zip:	ROSWELL GA 30075	City-State-Zip:	BOCA RATON FL 33431
Title	VP	Title	VP
Name	LEPREE, SUMMER AYERS	Name	MURRAY, FRED F.
Address	1450 BRICKELL AVE SUITE 2300	Address	309 VILLAGE DR
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	GAINESVILLE FL 32611