

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

DOCUMENT# N15000006789

**Entity Name:** MEDICAL AND EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

6800 LITTLE BLUE LN  
HARMONY, FL 34773

**Current Mailing Address:**

P.O. BOX 692484  
ORLANDO, FL 32869 US

**FEI Number: 47-4605805**

**Certificate of Status Desired: Yes**

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

ODUOR, CHARLES  
6800 LITTLE BLUE LN  
HARMONY, FL 34773 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 ODUOR, CHARLES  
Address 6800 LITTLE BLUE LN  
City-State-Zip: HARMONY FL 34773

Title D  
Name ABONYO, BARACK  
Address 2626 EAST PARK AVE  
SUITE 9301  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name OKOMO, WALTER  
Address 207 STAHL'S WAY  
City-State-Zip: NORTH PLAINFIELD NJ 07060

*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: CHARLES ODUOR**

**DIRECTOR**

**04/23/2018**

Electronic Signature of Signing Officer/Director Detail

Date