

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36808

**Entity Name:** ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**9461 BRANDYWINE LANE  
PORT ST. LUCIE, FL 34986**Current Mailing Address:**9461 BRANDYWINE LANE  
PORT ST. LUCIE, FL 34986 US**FEI Number:** 65-0209044**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, THOMAS GREGORY  
9461 BRANDYWINE LANE  
PORT ST. LUCIE, FL 34986 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:** THOMAS GREGORY JONES

01/28/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST CHAIR  
Name KRISTOF, LESLIE  
Address 9801 159 ST CT N  
City-State-Zip: JUPITER FL 33478

Title TREASURER  
Name NOBILE, BRANDON  
Address 606 S 8TH STREET  
City-State-Zip: FT PIERCE FL 34950

Title PRESIDENT  
Name JONES, THOMAS GREGORY  
Address 9612 CROOKED STICK LANE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title PAST CHAIR  
Name GIACCONE, ROBBIE  
Address 5415 CASSIA DRIVE  
City-State-Zip: FORT PIERCE FL 34982

Title CHAIR  
Name PILLONI, CYNTHIA  
Address 3141 S.W. CATHEDRAL STREET  
City-State-Zip: PORT ST. LUCIE FL 34953

Title VICE CHAIR  
Name WALKER, SHRITA  
Address 419 N.W. KILPATRICK AVE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title CORPORATE SECRETARY  
Name COTNER, KATE  
Address 1330 N.W. PINE LAKE DR  
City-State-Zip: STUART FL 34994

*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:** THOMAS JONES

PRESIDENT

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date