

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36808

**Entity Name:** ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**3203 RHODE ISLAND AVE  
FT PIERCE, FL 34947**Current Mailing Address:**3203 RHODE ISLAND AVE  
FT PIERCE, FL 34947 US**FEI Number:** 65-0209044**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JONES, THOMAS GREGORY  
3203 RHODE ISLAND AVE  
FORT PIERCE, FL 34947 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

02/11/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PAST CHAIR  
Name KRISTOF, LESLIE  
Address 3203 RHODE ISLAND AVE  
City-State-Zip: FT PIERCE FL 34947

Title TREASURER  
Name NOBILE, BRANDON  
Address 3203 RHODE ISLAND AVE  
City-State-Zip: FT PIERCE FL 34947

Title PRESIDENT  
Name JONES, THOMAS GREGORY  
Address 4204 OKEECHOBEE RD  
City-State-Zip: FT PIERCE FL 34947

Title CHAIR  
Name GIACCONE, ROBBIE  
Address 3203 RHODE ISLAND AVE  
City-State-Zip: FT PIERCE FL 34947

Title VICE CHAIR  
Name PILLONI, CYNTHIA  
Address 3203 RHODE ISLAND AVE  
City-State-Zip: FT PIERCE FL 34947

*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

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date