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: CARISSA ZERGA

Electronic Signature of Signing Officer/Director Detail

**Officer/Director Detail :** PP Title Title T/S Name GARCIA, BRIAN Name RICHARD, KOLLEDA 4204 OKEECHOBEE RD Address 240 NW PEACOCK BLVD SUITE 104 Address City-State-Zip: PORT ST LUCIE FL 34986 City-State-Zip: FT PIERCE FL 34947 Title PRESIDENT

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.

# Electronic Signature of Registered Agent

SIGNATURE:

Name

Address

4204 OKEECHOBEE RD

# Name and Address of Current Registered Agent:

ZERGA, CARISSA

City-State-Zip: PORT ST. LUCIE FL 94986

246 NW PEACOCK BLVD

MCKENZIE, JAMES 4204 OKEECHOBEE RD FORT PIERCE, FL 34947 US

# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N36808

# Entity Name: ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

# **Current Principal Place of Business:**

4204 OKEECHOBEE RD FT PIERCE, FL 34947

# **Current Mailing Address:**

FT PIERCE, FL 34947

# FEI Number: 65-0209044

# Certificate of Status Desired: No

# FILED Mar 19, 2015 Secretary of State CC1846630041

03/19/2015 Date

Date

SECRETARY