

**2013 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:**4204 OKEECHOBEE RD  
FT PIERCE, FL 34947**FEI Number:** 65-0209044**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCKENZIE, JAMES  
4204 OKEECHOBEE RD  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PP
Name	MALLONEE, ELIZABETH
Address	4204 OKEECHOBEE RD
City-State-Zip:	FT PIERCE FL 34947
Title	P
Name	WANINGER, MICHAEL
Address	9860 SW GLENBROOK DRIVE
City-State-Zip:	PORT ST LUCIE FL 34987
Title	VP
Name	GARCIA, BRAIN
Address	246 NW PEACOCK BLVD
City-State-Zip:	PORT ST. LUCIE FL 34986

Title	ED
Name	MCKENZIE, JAMES J
Address	4204 OKEECHOBEE RD
City-State-Zip:	FORT PIERCE FL 34947
Title	T/S
Name	RICHARD, KOLLEDA
Address	240 NW PEACOCK BLVD SUITE 104
City-State-Zip:	PORT ST LUCIE FL 34986

*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:** JAMES J MCKENZIE**EXECUTIVE DIRECTOR****03/25/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date