

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N43782

**Entity Name:** FLORIDA COUNCIL OF INDEPENDENT SCHOOLS, INC.**Current Principal Place of Business:**1211 N WESTSHORE BLVD  
SUITE 404  
TAMPA, FL 33607**Current Mailing Address:**1211 N WESTSHORE BLVD  
SUITE 404  
TAMPA, FL 33607 US**FEI Number:** 59-0816894**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HODGES, BARBARA H.  
1211 N WESTSHORE BLVD.  
SUITE 404  
TAMPA, FL 33607 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            TREASURER  
Name            BYRON, LAWSON  
Address        5700 TRINITY PREP LANE  
City-State-Zip: WINTER PARK FL 32792Title            PAST PRESIDENT  
Name            MARKHAM, DANA  
Address        1501 NE 62 STREET  
City-State-Zip: FORT LAUDERDALE FL 33334Title            VP  
Name            PULLEN, JANET  
Address        315 41ST STREET W  
City-State-Zip: BRADENTON FL 34209Title            PRESIDENT  
Name            ROBERTS, PATRICK  
Address        7900 SW 176 STREET  
City-State-Zip: PALMETTO BAY FL 33157Title            SECRETARY  
Name            MILFORD, JAMES  
Address        3737 N MERIDIAN ROAD  
City-State-Zip: TALLAHASSEE FL 32312

*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:** ROBERTS, PATRICK**PRESIDENT****01/09/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date