Electronic Signature of Signing Officer/Director Detail

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

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

| Officer/ | Director | Detail | : |
|----------|----------|--------|---|
| | | | |

City-State-Zip: TAMPA FL 33615

| Title | TREASURER | Title | PAST PRESIDENT |
|-----------------|----------------------|-----------------|--------------------------|
| Name | MILFORD, JAMES | Name | MARKHAM, DANA |
| Address | 3737 N MERIDAN ROAD | Address | 1501 NE 62 STREET |
| City-State-Zip: | TALLAHASSEE FL 32312 | City-State-Zip: | FORT LAUDERDALE FL 33334 |
| | | | |
| Title | VP | Title | PRESIDENT |
| Name | LAWSON, BYRON | Name | ROBERTS, PATRICK |
| Address | 5700 TRINITY LANE | Address | 7900 SW 176 STREET |
| City-State-Zip: | WINTER PARK FL 32792 | City-State-Zip: | PALMETTO BAY FL 33157 |
| | | | |
| Title | SECRETARY | | |
| Name | SEIVOLD, JOE | | |
| Address | 4811 KELLY ROAD | | |

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

SIGNATURE: PATRICK ROBERTS

01/08/2024 Date

Date

FILED Jan 08, 2024 Secretary of State 5802393433CC

Certificate of Status Desired: No