

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002934

Entity Name: THE DESOTO COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

3375 NW COUNTY ROAD 661A
ARCADIA, FL 34266

Current Mailing Address:

POST OFFICE BOX 1903
ARCADIA, FL 34265 US

FEI Number: 59-3533706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WALKER, SARA
3375 NW CR661A
ARCADIA, FL 34266 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: SARA WALKER

01/28/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KIRKPATRICK, JUDY
Address 128 S BREVARD AVENUE
City-State-Zip: ARCADIA FL 34266

Title TREASURER
Name HACKNEY, BILL
Address 504 EAST OAK STREET
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name BOWERS, RICHARD
Address 1937 SW HENDRY STREET
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name RYALS, ANN
Address P.O. BOX 127
City-State-Zip: FORT OGDEN FL 34267

Title DIRECTOR
Name HEINE, AMY
Address 1615 SE FORD TERRACE
City-State-Zip: ARCADIA FL 34266

Title VC
Name WOMACK, TERRI
Address 3220 SE MONTGOMERY CIRCLE
City-State-Zip: ARCADIA FL 34266

Title SECRETARY
Name MARKEY, MARTHA J
Address 2978 SE CREEKWOOD TERRACE
City-State-Zip: ARCADIA FL 34266

Title CHAIRMAN
Name NEDLEY, HEATHER
Address 222 EAST OAK STREET
City-State-Zip: ARCADIA FL 34266

Continues on page 2

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: SARA WALKER

EXECUTIVE DIRECTOR

01/28/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VOWELS, TIM
Address 1806 S.E. KING STREET
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name MORENO, MARIA
Address 704 EAST MAPLE STREET
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name WERNER, KELLI
Address POST OFFICE BOX 1903
City-State-Zip: ARCADIA FL 34265

Title DIRECTOR
Name BROWN, BETTY
Address 937 WEST OAK STREET
City-State-Zip: ARCADIA FL 34266

Title DIRECTOR
Name WALKER, SARA
Address POST OFFICE BOX 1903
City-State-Zip: ARCADIA FL 34265

Title DIRECTOR
Name BAUTISTA, ERIC
Address 216 N. VLOUSIA AVE.
City-State-Zip: ARCADIA FL 34266