

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000002934

**FILED
Mar 01, 2014
Secretary of State
CC5505810693**

Entity Name: THE DESOTO COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

530 LASOLONA AVE
ARCADIA, FL 34266

Current Mailing Address:

POST OFFICE DRAWER 2000
ARCADIA, FL 34265

FEI Number: 59-3533706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRKPATRICK, JUDY
128 SOUTH BREVARD AVENUE
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: JUDY KIRKPATRICK

03/01/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name BROWN, BETTY
Address 937 WEST OAK STREET
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 MARKEY, KEITH
Address POST OFFICE BOX 1013
City-State-Zip: ARCADIA FL 34265

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

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

Title DIRECTOR
Name SYMONS, PAT
Address POST OFFICE BOX 1863
City-State-Zip: ARCADIA FL 34265

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

Title DIRECTOR
Name KNOCHE, DONNIE
Address 16 RIO VISTA ROAD
City-State-Zip: ARCADIA FL 34266

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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: MARTHA JO MARKEY

EXECUTIVE DIRECTOR

03/01/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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