

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002934

**FILED**  
**Apr 27, 2022**  
**Secretary of State**  
**3770721909CC**

**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:**

BURNS, MARY K  
3662 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: MARY KAY BURNS**

**04/27/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           HACKNEY, WILLIAM A JR.  
Address        504 EAST OAK 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

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

Title           DIRECTOR  
Name           BROWN, BETTY  
Address        937 WEST 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: WILLIAM A HACKNEY JR**

**TREASURER**

**04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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 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