

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000002934

**FILED**  
**Feb 05, 2018**  
**Secretary of State**  
**CC9782061380**

**Entity Name:** THE DESOTO COUNTY EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

530 LASOLONA AVE  
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  
3475 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

02/05/2018

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 MERCER, CARY  
Address 4644 BROWN ROAD  
City-State-Zip: ARCADIA FL 34266

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

Title DIRECTOR  
Name SORRELLS, 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

**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

**DIRECTOR**

02/05/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name MARKEY, MARTHA J  
Address 2978 SE CREEKWOOD TERRACE  
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 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 CHAIRMAN  
Name NEDLEY, HEATHER  
Address 222 EAST OAK STREET  
City-State-Zip: ARCADIA FL 34266

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