

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 709824

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** EDUCATION FOUNDATION OF THE FLORIDA FEDERATION OF BUSINESS AND PROFESSIONAL WOMEN'S CLUBS, INC.

**Current Principal Place of Business:**

795 TORCHWOOD DRIVE  
DELAND, FL 32724 US

**New Principal Place of Business:**

**Current Mailing Address:**

795 TORCHWOOD DRIVE  
DELAND, FL 32724 US

**New Mailing Address:**

**FEI Number:** 23-7354087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARDESTY, KATHY  
795 TORCHWOOD DRIVE  
DELAND, FL 32724 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WEIGLE, CHRISTINE  
Address: P O BOX 383  
City-St-Zip: TERRA CEIA, FL 34250

Title: 1VPD  
Name: WIGGINS, CAROLYN  
Address: 3066 HIGHLAND ST N  
City-St-Zip: ST PETERSBURG, FL 33704

Title: PD  
Name: SKEEKEY, AUDREY  
Address: P O BOX 1203  
City-St-Zip: TAVERNIER, FL 33070

Title: TD  
Name: HARDESTY, KATHY  
Address: 795 TORCHWOOD DRIVE  
City-St-Zip: DELAND, FL 32724

Title: CSCD  
Name: RENDA, LARRY  
Address: 4082 28TH ST. N  
City-St-Zip: SAINT PETERSBURG, FL 33714

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: KATHY HARDESTY

TRES

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date