## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000001820

FILED Jan 22, 2009 Secretary of State

Entity Name: THE CONSORTIUM OF FLORIDA EDUCATION FOUNDATIONS, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1206 W. HORATIO STREET 6217 NW 19 PLACE TAMPA, FL 33606 GAINESVILLE, FL 33605

**Current Mailing Address: New Mailing Address:** 

PO BOX 341949 TAMPA, FL 33694 US

FEI Number: 65-1086820 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CARLSON, STACY CHANCE, MARY 1206 W. HORATIO STREET 6217 NW 19 PLACE GAINESVILLE, FL 32605 US TAMPA, FL 33606

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 CHANCE 01/22/2009

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

MURRAY, MARY KAY Name: Name: 3300 FOREST HILL BLVD., STE. B102 Address: Address:

City-St-Zip: PALM BEACH, FL 33460 City-St-Zip: Title: Title:

() Delete () Change () Addition Name: LECHT, LINDA Name:

Address: 900 NE 125TH STREET, #110 Address: City-St-Zip: MIAMI, FL 33161 City-St-Zip:

Title: () Delete Title: VPO (X) Change ( ) Addition CARLSON, STACY

Name: BOEHM, TERRY Name: 1206 W. HORATIO STREET 12090 STARKEY ROAD Address: Address: City-St-Zip: TAMPA, FL 33606 City-St-Zip: LARGO, FL 33773

(X) Change ( ) Addition Title: VPO ( ) Delete Title:

Name: CHANCE, MARY Name: HOFFMAN, BILL 1725 SE 1ST AVENUE 2010 E. HILLSBOROUGH AVE SUITE 212

Address: Address:

City-St-Zip: GAINESVILLE, FL 33406 City-St-Zip: TAMPA, FL 33610

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARY CHANCE ED 01/22/2009