

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006074

FILED
Apr 22, 2009
Secretary of State

Entity Name: FLORIDA NOW EDUCATION FUND INCORPORATED

Current Principal Place of Business:

2600 N. FLAGLER DR. #207
WEST PALM BEACH, FL 334075521 US

New Principal Place of Business:

Current Mailing Address:

14939 WAND RD
ORLANDO, FL 32824 US

New Mailing Address:

14939 WARD RD
ORLANDO, FL 32824 US

FEI Number: 86-1055368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, MARY E
14939 WARD RD
ORLANDO, FL 32824 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: PRES () Delete
Name: AMIDEI, CONNIE
Address: 4133 NW 46TH DR
City-St-Zip: GAINESVILLE, FL 32606 US

Title: TREA () Delete
Name: WILSON, MARY E
Address: 14939 WARD RD
City-St-Zip: ORLANDO, FL 32824 US

Title: VP () Delete
Name: SLUTIAK, DONNA M
Address: 6175 S HWY314 A
City-St-Zip: OCKLAWAHA, FL 32179 US

Title: SECT () Delete
Name: BLANCHARD, JANE
Address: 2940 YORKSTOWN ST
City-St-Zip: SARASOTA, FL 34231 US

Title: D () Delete
Name: MCCAFFREY, JESSICA
Address: 5633 DUKE RD.
City-St-Zip: JACKSONVILLE, FL 32207 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 E WILSON

TREA

04/22/2009

Electronic Signature of Signing Officer or Director

Date