

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

## Current Principal Place of Business:

FLORIDA DEPARTMENT OF EDUCATION  
325 WEST GAINES STREET  
TALLAHASSEE, FL 323990400 US

## New Principal Place of Business:

## Current Mailing Address:

FLORIDA DEPARTMENT OF EDUCATION  
325 WEST GAINES STREET  
TALLAHASSEE, FL 323990400 US

## New Mailing Address:

FEI Number: 59-2718509

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORDERO, NEDRA A  
FLORIDA DEPARTMENT OF EDUCATION  
325 WEST GAINES STREET, SUITE 1532  
TALLAHASSEE, FL 323990400 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: C ( ) Delete  
Name: LEVY, ALAN  
Address: 11 SW 15TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: T ( ) Delete  
Name: CALABRO, DOMINIC  
Address: P. O. BOX 10209  
City-St-Zip: TALLAHASSEE, FL 32301

Title: VC ( ) Delete  
Name: CHWAT, ANNE  
Address: 5505 BLUE LAGOON DRIVE  
City-St-Zip: MIAMI, FL 33126 US

Title: D ( ) Delete  
Name: BRUCE, O'DONOGHUE  
Address: 707 NICOLET AVENUE, SUITE 100  
City-St-Zip: WINTER PARK, FL 32789 US

Title: D ( ) Delete  
Name: BROGAN, FRANK  
Address: 777 GLADES RD  
City-St-Zip: BOCA RATON, FL 33431 US

Title: D ( ) Delete  
Name: BROOKS, DERRICK  
Address: 2915 FERN ST.  
City-St-Zip: TAMPA, FL 33614 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:

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: NEDRA CORDERO

ED

03/23/2009

Electronic Signature of Signing Officer or Director

Date