

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008414

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** ZORA NEALE HURSTON FLORIDA EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

1516 SAN DIEGO AVENUE  
FORT PIERCE, FL 34946

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1912  
FORT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 27-3394116

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JACKSON, SARAH P  
1516 SAN DIEGO AVENUE  
FORT PIERCE, FL 34946 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:** P  
**Name:** HENDERSON, LINDA  
**Address:** 5100 E. PORTOFINO LANDINGS BLVD, NO. 103  
**City-St-Zip:** FORT PIERCE, FL 34947

**Title:** VP  
**Name:** MOORE, ADRIENNE  
**Address:** 3218 S. E. ASTER AVENUE, APT. P115  
**City-St-Zip:** STUART, FL 34994

**Title:** SEC  
**Name:** MCCRARY, CHERYL  
**Address:** 110 N. 21ST STREET  
**City-St-Zip:** FORT PIERCE, FL 34950

**Title:** TREA  
**Name:** JACKSON, SARAH P  
**Address:** 1516 SAN DIEGO AVENUE  
**City-St-Zip:** FORT PIERCE, FL 34946

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:** SARAH PELT-JACKSON

TREA

04/08/2011

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

\_\_\_\_\_  
Date