FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995 4-26-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-4596-XC

APPROVED AND FILED
95 APR 26 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N11602 (2)

1. Corporation Name
DUVAL PUBLIC EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
1701 PRUDENTIAL DRIVE SIXTH FLOOR JACKSONVILLE FL 32207	1701 PRUDENTIAL DRIVE SIXTH FLOOR JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1985
3a. Date of Last Report: 03/11/1994
4. FEI Number: 59-2756660 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

~~JOHNSON, BRUCE~~
~~121 W FORSYTH ST, STE 200~~
~~JACKSONVILLE FL 32202~~

10. Name and Address of New Registered Agent

91 Name: Jane Fleetwood
92 Street Address (P.O. Box Number is Not Acceptable): 5934 Richard Street
93
94 City: Jacksonville FL 95 Zip Code: 32216

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Jane Fleetwood — DATE: 4/19/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	FLEETWOOD, JANE	1.2 NAME		
STREET ADDRESS	5934 RICHARD STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	32216	
TITLE	~~CD~~	2.1 TITLE		☒ Change ☐ Addition
NAME	~~JOHNSON, BRUCE~~	2.2 NAME		
STREET ADDRESS	~~121 W. FORSYTH ST., SUITE 200~~	2.3 STREET ADDRESS		
CITY-ST-ZIP	~~JACKSONVILLE FL~~	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	CD	☒ Change ☐ Addition
NAME	KOLLEN, GLENN	3.2 NAME		
STREET ADDRESS	3740 E PLANTERS CREEK CR	3.3 STREET ADDRESS	ANTHEM, 10199 SOUTHSIDE BLVD., STE 301	
CITY-ST-ZIP	PONTE VEDRA BCH. FL	3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
TITLE	TD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	STEWART, MICHAEL	4.2 NAME		
STREET ADDRESS	301 W BAY ST STE 2600	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32202	4.4 CITY-ST-ZIP	32202	
TITLE	TD	5.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, JAY	5.2 NAME		
STREET ADDRESS	4026 University BLVD. CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL 32217	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jane Fleetwood — 4/19/95 — 904-731-8810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

008150