

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N11602 (2)

1. Corporation Name

DUVAL PUBLIC EDUCATION FOUNDATION, INC.



Principal Place of Business

Mailing Address

4019 BLVD. CTR. DRIVE  
BLDG. B. 2ND FLOOR  
JACKSONVILLE FL 32207  
US4019 BLVD. CTR. DRIVE  
BLDG. B. 2ND FLOOR  
JACKSONVILLE FL 32207-2803  
US3. Date Incorporated or Qualified  
10/15/19853a. Date of Last Report  
05/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2756660

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEETWOOD, JANE  
5934 RICHARD STREET  
JACKSONVILLE FL 32216

81 Name

STEWART, MICHAEL

82 Street Address (P.O. Box Number is Not Acceptable)

BELLSOUTH

83

301 WEST BAY STREET

84 City

JACKSONVILLE

FL

85 Zip Code  
32202

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*M. Stewart*

1-14-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☒ DELETE  
NAME FLEETWOOD, JANE  
STREET ADDRESS 5934 RICHARD STREET  
CITY-ST-ZIP JACKSONVILLE FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE SD ☒ DELETE  
NAME SIMONETTA, KAYE  
STREET ADDRESS 10107 SCOTT MILL ROAD  
CITY-ST-ZIP JACKSONVILLE FL2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME SD  
2.3 STREET ADDRESS MANN, ATHENA T.  
2.4 CITY-ST-ZIP JEA - 21 WEST CHURCH STREET  
JACKSONVILLE, FL 32202TITLE VD ☐ DELETE  
NAME STEWART, MICHAEL  
STREET ADDRESS 301 W BAY ST STE 2600  
CITY-ST-ZIP JACKSONVILLE FL3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME CD  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME MATHENY, LARRY M JR.  
STREET ADDRESS 701 FISK ST., STE. 200  
CITY-ST-ZIP JACKSONVILLE FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME VD  
5.3 STREET ADDRESS MITCHELL, ROBERT B.  
5.4 CITY-ST-ZIP MERRILL LYNCH - 510 HWY A1A NORTH  
PONTE VEDRA BEACH, FL 32082TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

*M. Stewart*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-97

Date

Daytime Phone #0004927

CR2E037 (9/96)