


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT #

1. Corporation Name

N116002

Duval Public Education Foundation, Inc.

Principal Place of Business	Mailing Address
4037 Blvd. Center Dr. TEAM B, 2nd Floor Jacksonville, FL 32207	4037 Blvd. Center Dr. TEAM B, 2nd Floor Jacksonville, FL 32207

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
10/15/1985

4. FEI Number	Applied For
59-2756660	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Stewart, Michael
BellSouth
301 West Bay Street
Jacksonville, FL 32202

81 Name	Chevon T. Baccus, ASPR
82 Street Address (P.O. Box Number is Not Acceptable)	Duval Public Education Foundation
83	4037 Blvd. Ctr. Dr. TEAM B, 2nd Floor
84 City	Jacksonville
85 Zip Code	FL 32207

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



6/28/98

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

(NOTE: Registered Agent's signature required when reinstating)

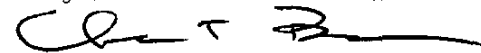
DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	Stewart, Michael
STREET ADDRESS	301 W. Bay St. Ste 2600
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	Mitchell, Robert B.
STREET ADDRESS	510 HWY A1A North
CITY-ST-ZIP	Ponte Vedra Bch, FL 32082
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	Matheny, Larry M
STREET ADDRESS	701 Fisk St., Ste 200
CITY-ST-ZIP	Jacksonville, FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	Mann, Athena T.
STREET ADDRESS	JEA - 21 West Church Street
CITY-ST-ZIP	Jacksonville, FL 32202
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marlier, Carla
1.3 STREET ADDRESS	100 Festival Park Ave.
1.4 CITY-ST-ZIP	Jacksonville, FL 32202
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Cheryl Riddick
2.3 STREET ADDRESS	7595 Baymeadows Way, 3-2-A310
2.4 CITY-ST-ZIP	Jacksonville, FL 32256
3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Hirabayashi, John
3.3 STREET ADDRESS	623 N. Main Street
3.4 CITY-ST-ZIP	Jacksonville, FL 32202
4.1 TITLE	MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Chevon T. Baccus
4.3 STREET ADDRESS	4037 Blvd. Center Dr., 2nd floor
4.4 CITY-ST-ZIP	Jacksonville, FL 32207
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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:



300002602348
-07/30/98--01017--003
***61.25

6/12/98

904-348-7895

CR2E037 (10/97)