

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11602

1. Corporation Name

DUVAL PUBLIC EDUCATION FOUNDATION, INC.

Principal Place of Business

4037 BLVD. CTR. DRIVE
TEAM B 2ND FLOOR
JACKSONVILLE FL 32207
US

Mailing Address

4037 BLVD. CTR. DRIVE
TEAM B 2ND FLOOR
JACKSONVILLE FL 32207
US

2. Principal Place of Business

21 **3100 University Blvd S.**

Suite, Apt. #, etc.

22 **# 320**

City & State

23 **Jacksonville FL**

Zip Country

24 **32216** 25

2a. Mailing Address

26 **PO Box 5628**

Suite, Apt. #, etc.

27 **Jacksonville**

City & State

28 **FL 32247**

Zip Country

29 **32247** 30

3. Date Incorporated or Qualified

10/15/1985

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

9. Name and Address of Current Registered Agent

BACCUS, CHEVON T
~~4037 BLVD. CTR. DRIVE~~
TEAM B 2ND FLOOR
JACKSONVILLE FL 32207

ADDRESS
ABOVE

10. Name and Address of New Registered Agent

81 Name

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

**3100 University Blvd S.
320**

83 City

Jacksonville

FL

85 Zip Code

32216

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

[Signature]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SD** ☒ DELETE
NAME **MANN, ATHENA T.**
STREET ADDRESS **JEA-21 WEST CHURCH ST.**
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **CD** ☐ DELETE
NAME **MARLIER, CARLA**
STREET ADDRESS **100 FESTIVAL PARK AVE.**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **VD** ☐ DELETE
NAME **RIDDICK, CHERYL**
STREET ADDRESS **7595 BAYMEADOWS WAY 3-2-A310**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

TITLE **TD** ☐ DELETE
NAME **HIRABAYASHI, JOHN**
STREET ADDRESS **623 N. MAIN ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **MD** ☐ DELETE
NAME **BACCUS, CHEVON T**
STREET ADDRESS **4037 BLVD. CENTER DR. 2ND FLOOR**
CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Aug 09, 1999 8:00 am
Secretary of State

08-09-1999 90003 046 ****61.25



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CR2E037 (5/99)

7/9/99 904-722-1287