2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2011
Secretary of State

DOCUMENT# N28116

Entity Name: PUBLIC EDUCATION FOUNDATION OF MARION COUNTY, INC.

Current Principal Place of Business:

1239 NW 4TH STREET
ROOM #001
OCALA, FL 34475

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 670
OCALA, FL 34478

New Mailing Address:

FEI Number: 59-2949915 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SAVAGE, CAROLE
1239 NW 4TH STREET
ROOM #001
OCALA, FL 34475 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: TREA
Name: SLAUGHTER, LANNY
Address: 1500 NW 1ST. AVENUE
City-St-Zip: OCALA, FL 34474

Title: IPP
Name: BORING, LORI
Address: 2001 SW 17TH STREET
City-St-Zip: OCALA, FL 34471

Title: ED
Name: SAVAGE, CAROLE
Address: 1239 NW 4TH STREET
City-St-Zip: OCALA, FL 34475

Title: PRES
Name: STEVENSON, JOHN
Address: 85 SW 52ND AVENUE
City-St-Zip: OCALA, FL 34474

Title: D
Name: BLINKHORN, DEAN
Address: 3928 SE 14TH PLACE
City-St-Zip: OCALA, FL 34480

Title: D
Name: TANNER, JEAN
Address: 2326 E. SILVER SPRINGS BLVD
City-St-Zip: OCALA, FL 34470

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: CAROLE SAVAGE AD 01/10/2011

Electronic Signature of Signing Officer or Director — Date