

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42233

FILED
Apr 29, 2011
Secretary of State

Entity Name: THE FLORIDA ENDOWMENT FOUNDATION FOR VOCATIONAL REHABILITATION, INC.

Current Principal Place of Business:

3320 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

3320 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3052307

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOMANT, SUSANNE F DR.
3320 THOMASVILLE ROAD
SUITE 200
TALLAHASSEE, FL 32308 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: C
Name: COLE, RICHARD L JR.
Address: 1720 SAINT JAMES CIRCLE
City-St-Zip: THE VILLAGES, FL 32162 US

Title: VC
Name: MACARTHUR, BARBARA G
Address: 1300 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: S
Name: PALLANGO, BRIDGET R
Address: 2121 N.W. 21ST STREET
City-St-Zip: MIAMI, FL 33142

Title: T
Name: HAVENS, JASON E
Address: 4481 LEGENDARY DRIVE, #204
City-St-Zip: DESTIN, FL 32541 US

Title: P
Name: HOMANT, SUSANNE F
Address: 3320 THOMASVILLE RD., SUITE 200
City-St-Zip: TALLAHASSEE, FL 32308 US

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: SUSANNE F. HOMANT

CEO

04/29/2011

Electronic Signature of Signing Officer or Director

Date