

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90102 034 ****61.25

DOCUMENT # N97000005196

1. Entity Name
FLORIDA GOVERNMENT FINANCE OFFICERS
EDUCATIONAL FOUNDATION, INC.



Principal Place of Business

P.O. BOX 1757
301 S. BRONOUGH ST STE., #300
TALLAHASSEE, FL 32301

Mailing Address

P.O. BOX 1757
301 S. BRONOUGH ST STE., #300
TALLAHASSEE, FL 32301



03212007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3470788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARNER, JEANNIE
301 S BRONOUGH ST
TALLAHASSEE, FL 32301

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MOYE, JIM
STREET ADDRESS 201 S ROSALIND AVE
CITY-ST-ZIP ORLANDO, FL

TITLE V
NAME GIRARD, DEBORAH
STREET ADDRESS 400 S ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 328024990

TITLE ST
NAME MCGOWAN, GEORGE
STREET ADDRESS 400 S ORANGE AVE
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D
NAME CORAM, RICHARD M
STREET ADDRESS 142 30TH AVE
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE D
NAME MILLER, G MICHAEL
STREET ADDRESS 400 S ORANGE AVENUE
CITY-ST-ZIP ORLANDO, FL 328024990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-07 407-836-5690