

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# N08500

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

325 W. GAINES STREET
544 FLORIDA EDUCATION CENTER
TALLAHASSEE, FL 323990400 US

New Principal Place of Business:

Current Mailing Address:

325 W. GAINES STREET
544 FLORIDA EDUCATION CENTER
TALLAHASSEE, FL 323990400 US

New Mailing Address:

FEI Number: 59-2718509 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORDERO, NEDRA A
325 W GAINES ST
SUITE 1532
TALLAHASSEE, FL 323990400 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 () Delete
Name: LEVY, ALAN
Address: 11 SW 15TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: T () Delete
Name: CALABRO, DOMINIC
Address: P. O. BOX 10209
City-St-Zip: TALLAHASSEE, FL 32301

Title: VC () Delete
Name: CHWAT, ANNE
Address: 5505 BLUE LAGOON DRIVE
City-St-Zip: MIAMI, FL 33126 US

Title: D () Delete
Name: ED, JENNINGS
Address: 1007 RIVIERA DUNES WAY
City-St-Zip: PALMETTO, FL 34221 US

Title: D () Delete
Name: HORNE, JAMES
Address: P. O. BOX 8339
City-St-Zip: FLEMING ISLAND, FL 32006 US

Title: D () Delete
Name: BROOKS, DERRICK
Address: 2915 FERN ST.
City-St-Zip: TAMPA, FL 33614 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BRUCE, O'DONOGHUE
Address: 707 NICOLET AVENUE, SUITE 100
City-St-Zip: WINTER PARK, FL 32789 US

Title: D (X) Change () Addition
Name: BROGAN, FRANK
Address: 777 GLADES RD
City-St-Zip: BOCA RATON, FL 33431 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NEDRA CORDERO

ED

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date