

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

FILED  
Apr 08, 2011  
Secretary of State

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

**Current Principal Place of Business:**

FLORIDA DEPARTMENT OF EDUCATION  
325 WEST GAINES STREET, SUITE 1524  
TALLAHASSEE, FL 323990400 US

**New Principal Place of Business:**

**Current Mailing Address:**

FLORIDA DEPARTMENT OF EDUCATION  
325 WEST GAINES STREET, SUITE 1524  
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:**

KIRACOFE, MARY LEE  
FLORIDA DEPARTMENT OF EDUCATION  
325 WEST GAINES STREET, SUITE 1524  
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  
Name: LEVY, ALAN J  
Address: 11 SW 15TH STREET  
City-St-Zip: FT. LAUDERDALE, FL 33315

Title: VC  
Name: CALABRO, DOMINIC  
Address: P. O. BOX 10209  
City-St-Zip: TALLAHASSEE, FL 32301

Title: T  
Name: O'DONOGHUE, BRUCE  
Address: 707 NICOLET AVENUE, SUITE 100  
City-St-Zip: WINTER PARK, FL 32789 US

Title: S  
Name: ROGERS-HOWELL, EMILY  
Address: 4725 LAKE HANCOCK ROAD  
City-St-Zip: LAKE LAND, FL 33812

Title: D  
Name: BROGAN, FRANK  
Address: 325 WEST GAINES ST, SUITE 1600  
City-St-Zip: TALLAHASSEE, FL 32399 US

Title: D  
Name: CARLSON, STACY  
Address: 100 N TAMPA ST., STE 1625  
City-St-Zip: TAMPA, FL 33602 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: ALAN J. LEVY

C

04/08/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date