

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708122

Entity Name: HEART OF FLORIDA EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**1101 FIRST STREET SOUTH
WINTER HAVEN, FL 33880**Current Mailing Address:**1101 FIRST STREET SOUTH
WINTER HAVEN, FL 33880 US**FEI Number:** 59-6159367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DODD, ROBERT E
1101 FIRST STREET SOUTH
WINTER HAVEN, FL 33880 US*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

Officer/Director Detail :

Title CHAIRMAN, DIRECTOR
Name DODD, ROBERT E
Address 228 CREST DRIVE
City-State-Zip: HAINES CITY FL 33844

Title SECRETARY, DIRECTOR
Name BROADWAY, DENNIS
Address P.O. BOX 337
City-State-Zip: HAINES CITY FL 33845-0337

Title DIRECTOR
Name CAMPBELL, ROBERT
Address 105 MCKAY DRIVE NORTH
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name CAREFOOT, GEORGE
Address 313 HAMILTON SHORES DRIVE NE
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER, DIRECTOR
Name PINNER, ERNEST S
Address 54 PINE FOREST DRIVE
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name STANGRY, THERON
Address 222 STATE ROAD 60 EAST
City-State-Zip: LAKE WALES FL 33853

Title DIRECTOR
Name BROADAWAY, GILL
Address 1 NOTTINGHAM WAY
City-State-Zip: HAINES CITY FL 33844

Title DIRECTOR
Name BARNHART, ANN
Address 40100 U.S. HIGHWAY 27 N.
City-State-Zip: DAVENPORT FL 33837

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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: ROBERT E. DODD**CHAIRMAN/DIRECTOR****01/22/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DAVIS, BRUCE A
Address P.O. BOX 622
City-State-Zip: HAINES CITY FL 33845

Title DIRECTOR
Name LONG, KENNETH C
Address 488 TALAMONE DRIVE
City-State-Zip: WINTER HAVEN FL 33884