

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708122

Entity Name: HEART OF FLORIDA EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**300 WEST CENTRAL AVENUE
LAKE WALES, FL 33853**Current Mailing Address:**300 WEST CENTRAL AVENUE
LAKE WALES, FL 33853 US**FEI Number:** 59-6159367**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DODD, ROBERT E
300 WEST CENTRAL AVENUE
LAKE WALES, FL 33853 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 4038 PALMA CEIA CIRCLE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name TNER, KAREN
Address 2020 E. PALM STREET
City-State-Zip: DAVENPORT FL 33837

Title DIRECTOR
Name BROADAWAY, GILL
Address 3704 PLYMOUTH DRIVE
City-State-Zip: WINTER HAVEN FL 33884

Title DIRECTOR
Name DAVIS, BRUCE A
Address 3082 LANDINGS COURT
City-State-Zip: HAINES CITY FL 33844

Title TREASURER, DIRECTOR
Name PINNER, ERNEST S
Address 1848 WOODPOINTE DRIVE
City-State-Zip: WINTER HAVN FL 33884

Title DIRECTOR
Name CAMPBELL, ROBERT
Address 4407 BURLINGTON DRIVE
City-State-Zip: WINTER HAVEN FL 33880

Title DIRECTOR
Name BARNHART, ANN
Address 1270 W. LAKE HAMILTON DRIVE
City-State-Zip: WINTER HAVEN FL 33881

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

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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 DODD**CHAIRMAN****04/29/2022**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REILLY, FRED
Address 8 EASTWOOD LANE
City-State-Zip: BELLEAIR FL 33756

Title DIRECTOR
Name MOUTON, RUSSEL L II
Address 134 BOXWOOD DRIVE
City-State-Zip: DAVENPORT FL 33837-5546