

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713325

Entity Name: FLORIDA INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS' EDUCATIONAL FOUNDATION, INC.**FILED**
Sep 18, 2015
Secretary of State
CC9178612447**Current Principal Place of Business:**325 W COLLEGE AVE
TALLAHASSEE, FL 32301**Current Mailing Address:**325 W COLLEGE AVE
TALLAHASSEE, FL 32301 US**FEI Number: 59-6152454****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CURRY, DEBORAH L
325 W COLLEGE AVE
TALLAHASSEE, FL 32301 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	PRESIDENT
Name	CHORLINS, JASON A
Address	2699 S BAYSHORE DR, STE 300
City-State-Zip:	MIAMI FL 33133

Title	VICE PRESIDENT
Name	JONES, KEITH L
Address	260 MARINA DR, STE D
City-State-Zip:	PORT ST JOE FL 32456

Title	VP
Name	WEST, ALAN M
Address	UNIVERSITY OF FLORIDA MAIN CAMPUS MAIL DROP
City-State-Zip:	GAINESVILLE FL 32611

Title	TRUSTEE
Name	CURRY, DEBORAH L
Address	325 W COLLEGE AVE
City-State-Zip:	TALLAHASSEE FL 32301

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: DEBORAH L CURRY**S/T****09/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date