**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 09, 2014**
**Secretary of State**
**CC8756519188**

DOCUMENT# N05415

**Entity Name:** THE FLORIDA EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

4496 GOLDEN LAKE DR
SARASOTA, FL 34233

**Current Mailing Address:**

4496 GOLDEN LAKE DR
SARASOTA, FL 34233 US

**FEI Number: 59-2659697**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GLENDINNING, RUSSELL B
4496 GOLDEN LAKE D R
SARASOTA, FL 34233 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 | PD |
| Name | HUNT, G. LAWRENCE |
| Address | 6700 102ND AVE. N., APT. 117 |
| City-State-Zip: | PINELLAS PARK FL 33782 |

| | |
|---|---|
| Title | TD |
| Name | WARDELL, W. GORDON |
| Address | P. O. BOX 2079 |
| City-State-Zip: | PALMETTO FL 34220 |

| | |
|---|---|
| Title | D |
| Name | MARTI, WILLIAM A |
| Address | 5509 VANBUREN STREET |
| City-State-Zip: | HOLLYWOOD FL 33021 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | MEGUIAR, ROBERT J. |
| Address | 3303 W. PRICE AVE. |
| City-State-Zip: | TAMPA FL 33611 |

| | |
|---|---|
| Title | SD |
| Name | GLENDINNING, RUSSELL B |
| Address | 4496 GOLDEN LAKE DR |
| City-State-Zip: | SARASOTA FL 34233 |

| | |
|---|---|
| Title | VD |
| Name | MEGUIAR, JEROME M |
| Address | 145 W. DAVIS BOULEVARD |
| City-State-Zip: | TAMPA FL 33606 |

| | |
|---|---|
| Title | D |
| Name | ESCHRICH, DAVID A |
| Address | 917 HAYMARKET DRIVE |
| City-State-Zip: | LAKELAND FL 33809 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | BUCHANAN, HAROLD C |
| Address | 8620 BILLINGSHURST PL. |
| City-State-Zip: | ORLANDO FL 32825 |

**Continues on page 2**

*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: RUSSELL B. GLENDINNING SECRETARY/DIRECTOR 04/09/2014

Electronic Signature of Signing Officer/Director Detail — Date

## Officer/Director Detail Continued :

| | |
|---|---|
| Title | DIRECTOR |
| Name | COBB, WILLIAM C. |
| Address | 2909 W. BARCELONA ST.<br>APT. 703 |
| City-State-Zip: | TAMPA FL 33629 |