

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001133

Entity Name: FLORIDALEARNS FOUNDATION, INC.**Current Principal Place of Business:**753 WEST BOULEVARD
CHIPLEY, FL 32428**Current Mailing Address:**P.O. BOX 243
CHIPLEY, FL 32428**FEI Number:** 26-3307377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROCK, LEOLA A
753 WEST BOULEVARD
CHIPLEY, FL 32428 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:** LEOLA A. BROCK

08/16/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name YONGUE, FAYE
Address 789 DOGWOOD LANE
City-State-Zip: CHIPLEY FL 32428

Title PRESIDENT
Name POUNCEY, MARIA
Address 192 DEER RIDGE TRAIL
City-State-Zip: TALLAHASSEE FL 32312

Title TREASURER
Name BROCK, LEOLA
Address 1789 WHITE RD.
City-State-Zip: BONIFAY FL 32425

Title DIRECTOR
Name MITCHELL, SHARON
Address 149 BOSWELL RD
City-State-Zip: BONIFAY AL 32428

Title DIRECTOR
Name SELOVER, JOHN
Address 4020 MCLAUGHLIN DR.
City-State-Zip: TALLAHASSEE FL 32309

Title DIRECTOR
Name DINCMAN, HOLLY
Address 1319 THOMASWOOD DR.
City-State-Zip: TALLAHASSEE FL 32308

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: LEOLA A. BROCK

TREASURER

08/16/2017

Electronic Signature of Signing Officer/Director Detail

Date