

**2015 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:**SOBEY, 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. SOBEY

09/01/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title P  
Name EVERITT, RICK  
Address 125 EDGEWOOD TERRACE  
City-State-Zip: SANTA ROSA BEACH FL 32459

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

Title S  
Name SOBEY, LEOLA  
Address 2582 CLAYTON ROAD  
City-State-Zip: CHIPLEY FL 32428

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

Title D  
Name MEADOWS, NEAL  
Address 2812 WHITTINGTON DR  
City-State-Zip: TALLAHASSEE FL 32309

*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. SOBEY**SECRETARY**

09/01/2015

Electronic Signature of Signing Officer/Director Detail

Date