

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007325

Entity Name: THE BARBARA BUSH FOUNDATION FOR FAMILY LITERACY, INC.**FILED**
Mar 22, 2018
Secretary of State
CC6246927029**Current Principal Place of Business:**516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301**Current Mailing Address:**516 NORTH ADAMS STREET
TALLAHASSEE, FL 32301**FEI Number: 26-0587238****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**FRANGIONE, CHRIS
516 NORTH ADAMS STREET
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:** CHRIS FRANGIONE**03/22/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name KAPLAN, MARK MR.
Address 516 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title VC
Name CONLON, PEGGY
Address 516 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title SECRETARY
Name BECKER, JEAN
Address 10000 MEMORIAL DRIVE
900
City-State-Zip: HOSTON TX 77024

Title TREASURER
Name BERE', DAVID
Address 1901 S MYERS
240
City-State-Zip: OAKBROOK TERRACE IL 60181

Title CEO
Name FRANGIONE, CHRIS
Address 516 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name BUSH, JEB JR.
Address 516 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name DENEKAS, CRAIG
Address 3 CANAL PLAZE
City-State-Zip: PORTLAND ME 04112

Title DIRECTOR
Name GAGE, TIMOTHY
Address 600 GALLERIA PARKWAY
1100
City-State-Zip: ATLANTA GA 30339

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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: ROOSEVELT ALEXANDER**DIRECTOR OF
ACCOUNTING****03/22/2018**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name REILLY-KOCH, TRICIA
Address 9609 SOTWEED ROAD
City-State-Zip: POTOMAC MD 20854

Title DIRECTOR
Name BUSH-KOCH, DOROTHY
Address 516 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301

Title DIRECTOR
Name WISE, ROBERT
Address 1201 CONNECTICUT AVENUE, NW
City-State-Zip: WASHINGTON DC 20036

Title CFO
Name FIELDS, EVANGELINE
Address 516 NORTH ADAMS STREET
City-State-Zip: TALLAHASSEE FL 32301