

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010106

Entity Name: BLUEBIRD EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**809 DELAWARE AVE
FT PIERCE, FL 34950**Current Mailing Address:**809 DELAWARE AVE
FT PIERCE, FL 34950**FEI Number:** 30-0537905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOOKER, SUNNY A.
1701 GULFSTREAM AVE
APT 719
FORT PIERCE, FL 34949 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:** SUNNY BOOKER

09/22/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT EMERITUS
Name BEY, DARRYL
Address 1005 KENTUCKY AVENUE
City-State-Zip: FORT PIERCE FL 34950

Title VP
Name WELLING, BRYAN
Address 5264 BEACH BLANKET CIRCLE
City-State-Zip: FORT PIERCE FL 34949

Title TREASURER
Name SHAFER, T.CHARLES
Address 309 ORANGE AVE
City-State-Zip: FORT PIERCE FL 34950

Title PRESIDENT
Name BOOKER, SUNNY A.
Address 1701 GULFSTREAM AVE
APT 719
City-State-Zip: FORT PIERCE FL 34949

Title OFFICER, DIRECTOR
Name JONES, ZACK
Address 153 SE CROSSPOINT DR
City-State-Zip: PORT ST. LUCIE FL 34983

Title OFFICER
Name FORBUS, MARINA
Address 809 DELAWARE AVE
City-State-Zip: FT PIERCE FL 34950

Title OFFICER
Name ALBERT, JASON
Address LINCOLN PARK ACADEMY
1806 AVE I
City-State-Zip: FORT PIERCE FL 34950

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: SUNNY BOOKER

PRESIDENT

09/22/2020

Electronic Signature of Signing Officer/Director Detail

Date