2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2014
Secretary of State
CC6366429467

DOCUMENT# N08500

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

FLORIDA DEPARTMENT OF EDUCATION
325 WEST GAINES STREET, SUITE 1524
TALLAHASSEE, FL 32399-0400

Current Mailing Address:

FLORIDA DEPARTMENT OF EDUCATION
325 WEST GAINES STREET, SUITE 1524
TALLAHASSEE, FL 32399-0400 US

FEI Number: 59-2718509

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KIRACOFE, MARY LEE
FLORIDA DEPARTMENT OF EDUCATION
325 WEST GAINES STREET, SUITE 1524
TALLAHASSEE, FL 32399-0400 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	CHAIRMAN
Name	CALABRO, DOMINIC M
Address	PO BOX 10209
City-State-Zip:	TALLAHASSEE FL 32302

Title	D
Name	CARLSON, STACY
Address	100 N TAMPA ST., STE 1625
City-State-Zip:	TAMPA FL 33602

Title	TREASURER
Name	ADAMS, NATHAN A IV
Address	315 SOUTH CALHOUN STREET SUITE 600
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	GOMEZ, ORLANDO
Address	7100 SW 44TH STREET
City-State-Zip:	MIAMI FL 33155

Title	S
Name	ROGERS-HOWELL, EMILY
Address	4725 LAKE HANCOCK ROAD
City-State-Zip:	LAKELAND FL 33812

Title	VC
Name	THOMPSON, JIM
Address	4890 WEST KENNEDY BLVD SUITE 600
City-State-Zip:	TAMPA FL 33609-1864

Title	DIRECTOR
Name	LEVY, ALAN J
Address	11 SW 15TH STREET
City-State-Zip:	FT. LAUDERDALE FL 33315

Title	DIRECTOR
Name	PATEL, PIYUSH A
Address	4454 FLORIDA NATIONAL DRIVE
City-State-Zip:	LAKELAND FL 33813

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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: DOMINIC M. CALABRO CHAIRMAN 01/10/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GROVE, JENNIFER
Address	ONE ENERGY PLACE
City-State-Zip:	PENSACOLA FL 32520

Title	DIRECTOR
Name	SMITH, CONNIE E W
Address	1 INDEPENDENT DRIVE 10TH FLOOR
City-State-Zip:	JACKSONVILLE FL 32202