

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08500

**Entity Name:** FLORIDA EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**FLORIDA EDUCATION FOUNDATION  
325 WEST GAINES STREET, SUITE 1524  
TALLAHASSEE, FL 32399-0400**Current Mailing Address:**FLORIDA EDUCATION FOUNDATION  
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:**LEVINE, LAURIE W  
FLORIDA EDUCATION FOUNDATION  
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:** LAURIE LEVINE

01/22/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIR  
Name SMITH, CONNIE E W  
Address 1 INDEPENDENT DRIVE  
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR  
Name LEVY, ALAN J  
Address 75 ROYAL PALM DRIVE  
City-State-Zip: FT. LAUDERDALE FL 33301

Title TREASURER  
Name WILT, MAUREEN A  
Address 700 UNIVERSE BLVD  
City-State-Zip: JUNO BEACH FL 33408

Title DIRECTOR  
Name EGUSQUIZA, RAQUEL  
Address 5861 SW 12 ST  
City-State-Zip: MIAMI FL 33144

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

Title DIRECTOR  
Name MERLINO, JOHN  
Address 150 WEST FLAGLER STREET  
SUITE 1901  
City-State-Zip: MIAMI FL 33130

Title DIRECTOR  
Name LOFTUS, THOMAS  
Address 4890 WEST KENNEDY BLVD  
TWO URBAN CENTRE, SUITE 600  
City-State-Zip: TAMPA FL 33609

Title DIRECTOR  
Name HOKANSON, CHARLES  
Address 101 EAST KENNEDY BLVD  
SUITE 2050  
City-State-Zip: TAMPA FL 33602

*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:** CONNIE EW SMITH

CHAIR

01/22/2018

Electronic Signature of Signing Officer/Director Detail

Date