2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08500

Entity Name: FLORIDA EDUCATION FOUNDATION, INC.

FILED Mar 22, 2017 **Secretary of State** CC1888116175

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 03/22/2017

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **CHAIR** Title VICE CHAIR

Name CARLSON, STACY Name SMITH, CONNIE E W 12090 STARKEY ROAD 1 INDEPENDENT DRIVE Address Address City-State-Zip: LARGO FL 33773 City-State-Zip: JACKSONVILLE FL 32202

Title **SECRETARY** Title DIRECTOR Name LEVY, ALAN J GROVE, JENNIFER Name

Address 75 ROYAL PALM DRIVE ONE ENERGY PLACE Address City-State-Zip: FT. LAUDERDALE FL 33301 City-State-Zip: PENSACOLA FL 32520

Title **DIRECTOR** Title DIRECTOR

PATEL. PIYUSH A Name MERLINO, JOHN Name

Address 4454 FLORIDA NATIONAL DRIVE Address 150 WEST FLAGLER STREET

SUITE 1901 City-State-Zip: LAKELAND FL 33813

MIAMI FL 33130 City-State-Zip:

Title **DIRECTOR TREASURER**

Title LOFTUS, THOMAS Name WILT, MAUREEN A Name

4890 WEST KENNEDY BLVD Address 700 UNIVERSE BLVD Address

TWO URBAN CENTRE, SUITE 600

City-State-Zip: **TAMPA FL 33609** City-State-Zip: JUNO BEACH FL 33408

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.

03/22/2017 SIGNATURE: STACY CARLSON **CHAIR**